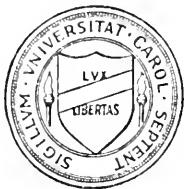


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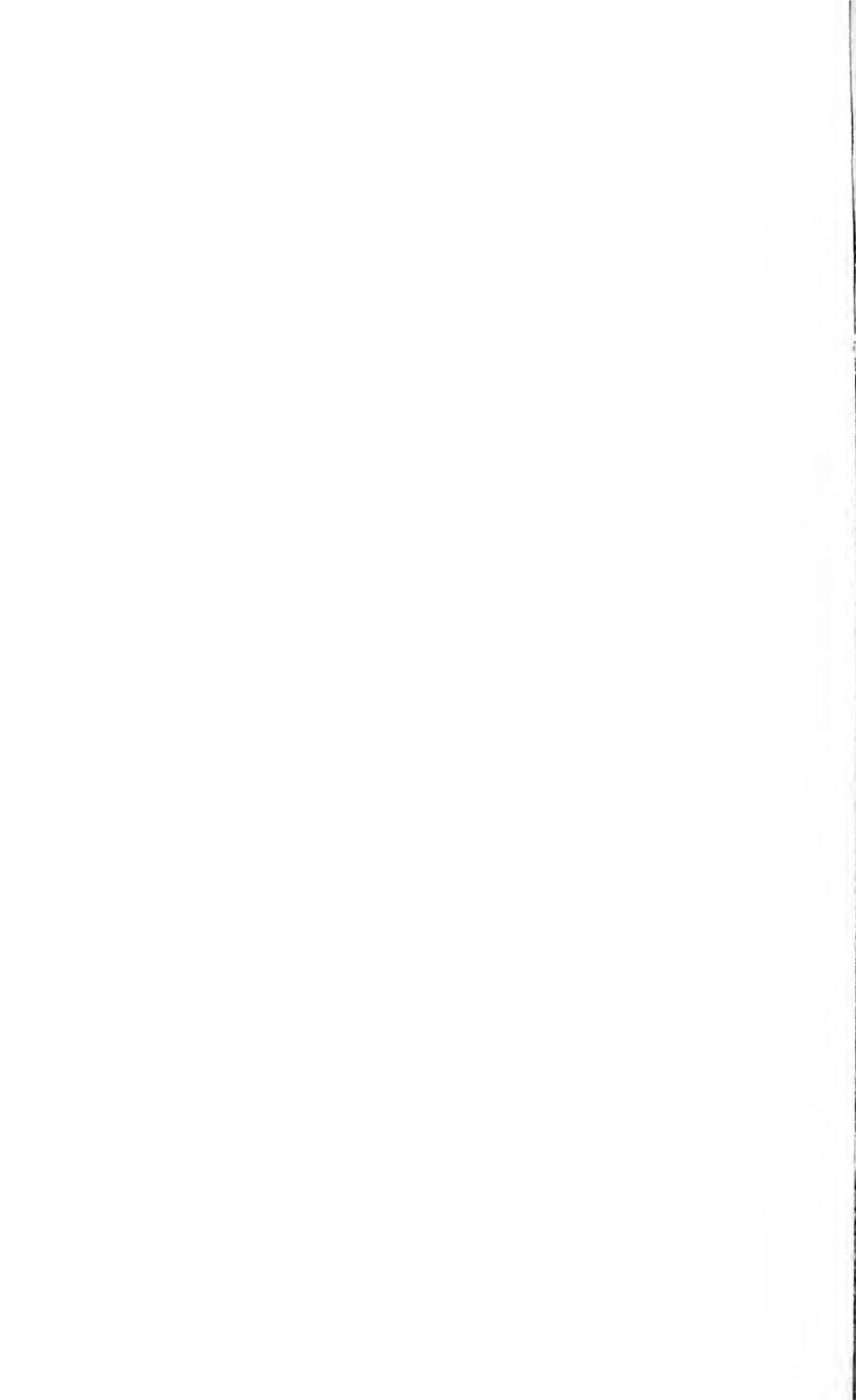
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The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

JANUARY, 1938

No. 1

NORTH CAROLINA HEALTH GOALS FOR 1938

1. Make motherhood and babyhood safe by extending the provision of competent medical care to every baby and prospective mother.
2. Extend organized public health service to the thirty-three counties now without it. Increase the quality and quantity of work in counties enjoying organized health work.
3. Inaugurate an effective statewide syphilis control program.
4. Promote an adequate and coordinated pre-school and school health service.
5. Safeguard family and community health by competent supervision of milk and water supplies, public eating places, disposal of human wastes and general sanitation.
6. Immunize every baby against diphtheria between six and twelve months of age.
7. Extend laboratory services by the erection and furnishing of a new state laboratory building.
8. Prevent or remove the handicaps that tend to deny any family the opportunity to honestly provide themselves with "sufficient for the needs of their bodies and the demands of health."
9. Work for the day when no citizen shall suffer and die from a preventable disease or injury.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
Diphtheria	Malaria	Typhoid Fever
Don't Spit Placards	Measles	Typhoid Placards
Eyes	Pellagra	Venereal Diseases
Flies	Residential Sewage	Vitamins
Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care
Prenatal Letters (series of nine monthly letters)
The Expectant Mother
Breast Feeding
Infant Care. The Prevention of Infantile Diarrhea
Table of Heights and Weights

Baby's Daily Time Cards: Under 5 months; 5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Instructions for North Carolina Midwives

CONTENTS

Organized Public Health Work in North Carolina	Page 3
No More Hasty Marriages in New York	Page 9
Physician Wanted at Hatteras, N. C.	Page 10
General Pershing Commands New Army	Page 10
Radio Broadcasts on Health Subjects	Page 10
The Nurse As Preacher and Teacher of the Gospel of Health	Page 11
Exploiting the School Child	Page 16
Don't Put Oil Drops in Baby's Nose	Page 16

THE Health Bulletin

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Vol. 53

JANUARY, 1938

No. 1

Organized Public Health Work In North Carolina

By ROY NORTON, M.D.

Assistant Director, Division of Preventive Medicine

I. STATE BOARD OF HEALTH ORGANIZATION AND SERVICES

A GREAT many inquiries come to the State Board of Health regarding the public health organization and activities in the State. In order that the greatest good may be accomplished, the people must know what services are available. In general, it is planned that public health services shall be rendered either directly by the local health department or indirectly by the State Board of Health through and with the cooperation of local health departments. Even for good curative work to be done, the doctor must be called immediately after the disease starts or the injury is inflicted. Since the work of the State Board of Health and of local health departments is chiefly prevention and health education, a greater degree of public understanding and cooperation is required than would be the case in strictly curative procedures. Public health workers, therefore, feel complimented and also consider that more effective work can be done when local citizens request health education and preventive services for their communities. Public sympathy, understanding, and participation are essential to the success of any public health program. The following organization chart and outline of activities are provided so that

more and more North Carolinians may make the fullest possible use of the services made available through a trained staff of public health personnel and the latest in modern preventive and health education equipment.

The chart on page 4 shows the State Board of Health organization and its various relationships. The governor appoints five of the Board members and the State Medical Society elects the other four. The term of Board membership is four years. The State Health Officer serves as secretary-treasurer of the Board, but he has no vote in determining Board policies. His term is for four years. He selects the state health department staff workers, subject to Board approval. Board members and the State Health Officer are eligible for reelection or reappointment.

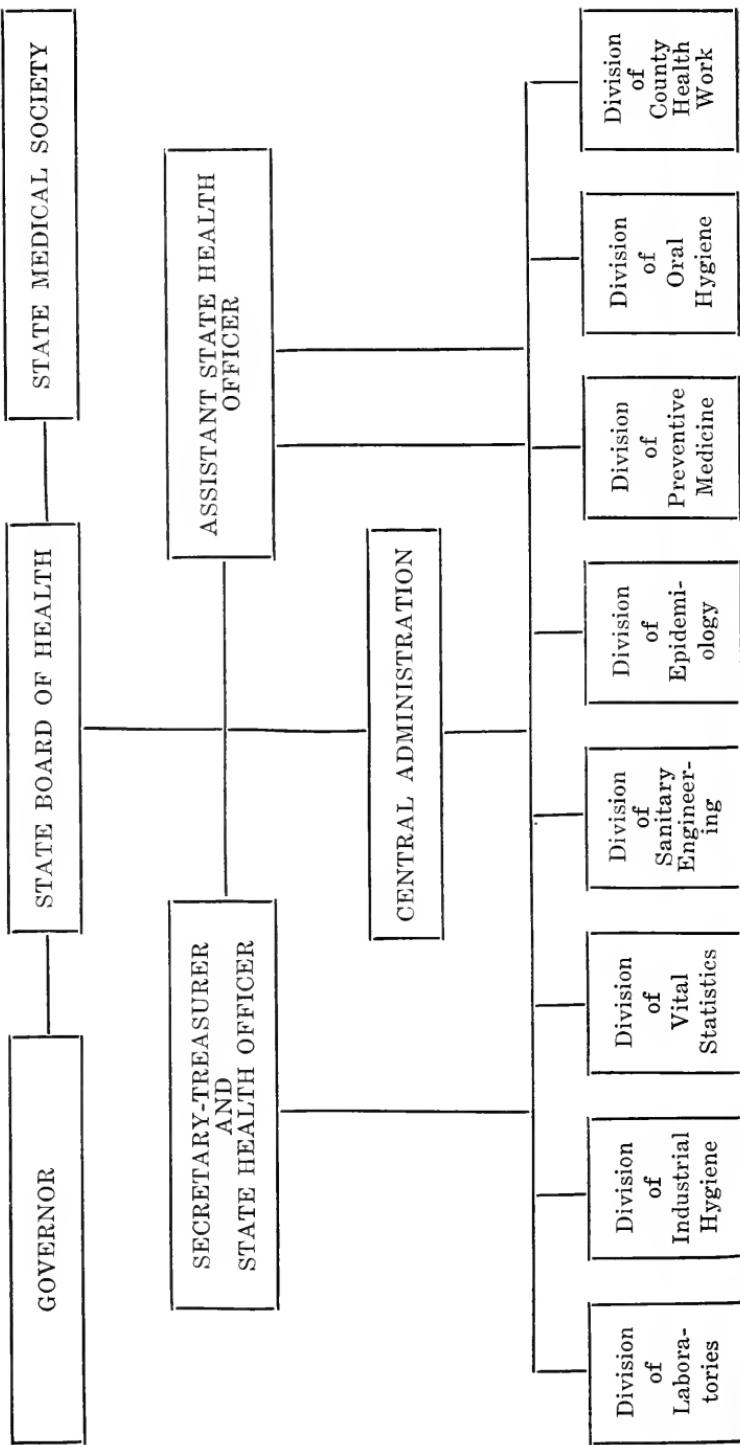
The activities and services of the State Board of Health are so numerous and so varied that space will only allow the briefest reference to them in outline form.

A. Central Administration

1. Policies—Programs
2. Relations with other state departments and extra-state agencies.
3. Personnel—Budget—Accounts

ORGANIZATION CHART

NORTH CAROLINA STATE BOARD OF HEALTH



- 4. Requisitions
- 5. Central File
- 6. Library—Printing
- 7. Publicity Service

B. Preventive Medicine

- 1. Maternal and child hygiene
 - a. Prenatal infant centers
 - b. Midwife supervision
 - c. Distribute toxoid for infants and pre-school children
 - d. Location, diagnosis, treatment, and follow-up of crippled children
 - e. School examinations, including Audiometer tests
 - f. Allocation of M. S. Children's Bureau funds
- 2. Health Education
 - a. Health Bulletin — 43,000 monthly
 - b. Preparation, revision, distribution of pamphlets and leaflets
 - c. Releases to newspapers and periodicals
 - d. Speakers' Bureau, movies, radio
 - e. Special personal correspondence in reply to 5,000 inquiries annually
 - f. Posters, maps, charts for schools, clubs, fairs
 - g. Postgraduate training in pediatrics, obstetrics, prevention

C. County Health Work

- 1. Organization and development of local health units (county, city, district)
- 2. Administrative supervision of local health departments
 - a. Policies
 - b. Budgets
 - c. Allocation of funds from State and U.S.P.H.S. sources
 - d. Approval of qualifications for personnel
- 3. Consultation service

- a. Administration — evaluation of character and content of local service—program planning
- b. Sanitation
- c. Nursing—Conjointly with Div. Preventive Med.)
- d. Record keeping, analysis, and interpretation

- 4. Negro Health Education

D. Laboratories

- 1. Diagnostic service
- 2. Analyses of drinking waters
 - a. Public supplies periodically
 - b. Private supplies on request of health officer or physician
- 3. Manufacture and distribution of preventive vaccines and antitoxins

E. Vital Statistics

Birth, stillbirth and death certificates

- 1. Collection
- 2. Classification
- 3. Indexing
- 4. Certification
- 5. Tabulation
- 6. Compilation
- 7. Analysis
- 8. Interpretation
- 9. Publication

F. Epidemiology

- 1. Collection, analysis, publication of morbidity reports
- 2. Studies and investigations of epidemics
- 3. Consultation service with local health units and with private physicians
- 4. Malaria investigation and control
- 5. Venereal disease control
 - a. Advisory service to local health departments
 - b. Distribution of antisyphilitic drugs

G. Sanitary Engineering

- 1. Supervision of water supplies of schools, mills, homes, muni-

2. Control of sewage disposal—schools, mills, homes, municipalities, state institutions
3. Milk sanitation
4. Sanitary supervision of food supplies, eating and lodging places, cafes, schools, shellfish, hotels, bedding, camps.
5. Malaria control drainage
6. Prevention of stream pollution

H. Oral Hygiene

1. Didactic teaching of mouth health
 - a. School classrooms
 - b. PTA and civic club lectures
2. Demonstrative teaching of mouth health
 - a. Examinations
 - b. Prophylaxis
 - c. Corrective treatment of underprivileged children under age 13

I. Industrial Hygiene

1. Surveys of industrial sanitation
2. Conservation service to industry and state departments
3. Investigation of environmental hazards in industry
4. Examination and recommendation of plans for industrial ventilating systems
5. Evaluation of methods for control of specific hazards
6. Clinical and X-ray examinations of industrial workers

II. LOCAL PUBLIC HEALTH WORK IN NORTH CAROLINA

At the present time (January 1938) 67 of our 100 counties have voted appropriations for public health work on either a single county or district basis (two or more counties cooperating). There are also six city departments.

The county boards of health (with

a few exceptions) are composed of six members made up as follows: the chairman of the county commissioners, the mayor of the county town and the county superintendent of schools, serving as ex-officio members, who meet together on the first Monday in January in odd years and select two regularly registered physicians and one regularly registered dentist to serve with them. The chairman of the commissioners serves as chairman of the county board of health. If there is no county town mayor, the clerk of the superior court serves. The county physician and/or county health officer is selected by the board on the second Monday in January of odd years.

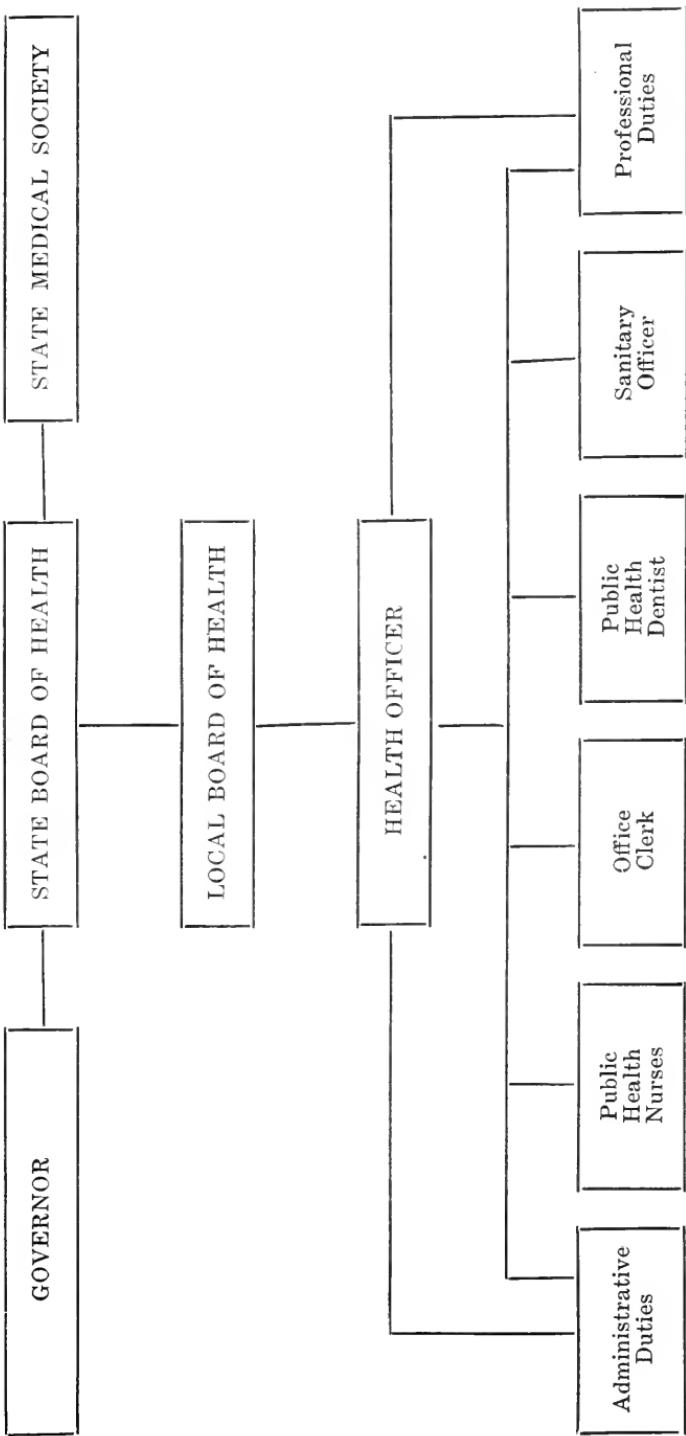
In a district the county board of health is still the controlling body within each respective county. A district executive committee, consisting of at least one member from each county board of health may constitute an advisory body to the district health officer meeting with the state health officer or his representative in matters pertaining to district-wide services. Any rules and regulations must be adopted by each county board of health before becoming effective in the respective county.

City health department policies are shaped by the board or committee of the city government designated to perform that function according to the type of government in that city.

Local health officers employ and dismiss the remaining personnel of the local health department staff.

Guilford County Health Department began work in 1911 and was among the first in the United States. Local rural health department work is, therefore, comparatively new and far from standardized and stabilized. As old health threats like typhoid and smallpox are practically conquered, as others like diphtheria and tuber-

ORGANIZATION CHART

FULL TIME LOCAL HEALTH DEPARTMENTS
IN
NORTH CAROLINA

culosis are partially controlled and as new hazards spring up or become recognized the activities must necessarily change. An attempt is, therefore, made to adapt the services offered to the local community needs. A county health department in an eastern county with many farm workers and a large Negro population is necessarily different from a department in a mountain county, and emphasis in public health work in a piedmont county would differ from both.

Health Bulletins for May 1923, January 1935, and June 1937 contain general articles on health department organization and activities. Below is found in bare outline form a list of some of the activities of local health departments divided according to that done by different members of the local staff. Several county, district, and city departments have large staffs and in such communities the territory may be divided among several workers, while that done by each individual (such as public health nurse) remains generalized. The tendency toward keeping a generalized service is not so uniform among the sanitation personnel as it is among the nursing staff. In general, however, the services are similar whether the population served by the local health department is large or small.

A. Health Officer

- I. Administrative Duties
 1. Health education
 2. Program planning
 3. Public relations and cooperation with other departments and agencies
 - a. Hospitalization of tuberculous and handicapped
 - b. Housing and other economic-living problems
 - c. Safety—the prevention of accidents

4. Surveys
5. Distribution of
 - a. Biologicals — vaccines and sera
 - b. Arsenicals
 - c. Yeast
6. Health legislation
7. Hospitalization
8. Office Routine
 - a. Personnel
 - b. Budgets
 - c. Finances
 - d. Conferences

II. Professional Duties

1. Health Education
2. Immunization
 - a. Diphtheria
 - b. Smallpox
 - c. Typhoid fever
3. Epidemiological Investigations
4. Isolation — quarantine — release
5. Diagnostic service
 - a. Consultation
 - b. Laboratory
6. Clinics
 - a. Maternity and infancy
 - b. Venereal diseases
 - c. Tuberculosis
 - d. Crippled children
 - e. Eye
7. Special Services
 - a. Dietary diseases
 - b. Intestinal parasites
 - c. Malaria
 - d. Rabies
8. Physical Examinations
 - a. Pre-school children
 - b. School children
 - c. Teachers
 - d. Child industry
 - e. Food handlers
9. Medical Services of County Physician
 - a. Institutions
 - b. Prisoners
 - c. Court cases
 - d. Post mortems

B. Sanitary Officer

1. Health Education
2. Sanitary disposal of human wastes
 - a. Privies
 - b. Septic tanks
 - c. Sewerage systems
3. Supervision of foods and food establishments
 - a. Milk supplies
 - b. Cafes, hotels, markets, abattoirs
 - c. Shellfish
4. Special services
 - a. Public buildings and institutions
 - b. Camp and recreation grounds
 - c. Swimming pools
 - d. Malaria control
5. Sanitary surveys and exhibits
6. Control of animal wastes and other health nuisances

C. Public Health Nurse

1. Health education
2. Prenatal, natal and postnatal care
3. Midwife supervision
4. Infant, pre-school and school health
5. Adult health
6. Communicable diseases
 - a. Acute childhood infections
 - b. Venereal diseases
 - c. Tuberculosis
7. Non-communicable diseases
8. Nutrition
9. Orthopedic service
10. Vital statistics
11. Mental Hygiene
12. Reports and records

D. Public Health Dentist

1. Didactic Teaching
 - a. Children in class-rooms
 - b. Adults in PTA, clubs, community groups

2. Demonstrative Teaching

- a. Examinations
- b. Prophylaxis
- c. Corrections for underprivileged children under age 13

E. Office Clerk

1. Health Education
 - a. Interpreter of department activities to office public
 - b. Distribution of health literature
 - c. Preparation and display of maps, charts, graphs
2. Vital Statistics (Secure reports)
 - a. Births
 - b. Deaths
 - c. Communicable diseases
 - d. Statistical analysis
3. Stenographic work
 - a. Letters
 - b. Reports
 - c. Financial accounting
 - d. Requisitions
 - e. Notifications
4. Office Routine
 - a. Supplies
 - b. Complaints

NO MORE HASTY MARRIAGES IN NEW YORK

New York State has passed a law to prevent runaway marriages. The new law provides that "a marriage shall not be solemnized within seventy-two hours from the date and hour of issuance of the marriage license therefor, unless authorized by an order of a court of record." It was enacted by the 1937 Legislature for the purpose of curbing so-called "gin marriages," which are usually consummated in haste and repented of at great leisure.

PHYSICIAN WANTED AT HATTERAS, N. C.

State Board of Health

Raleigh, N. C.

Gentlemen:

Due to the recent death of our only practicing physician, Dr. H. W. Kenfield, we are completely without medical aid. Our community consists of some nine hundred in population with adjacent territories.

Hatteras is a fishing village where an abundance of marketable fish is taken from the ocean and sound and shipped to northern markets. This community surpasses any other village in Dare County in incoming and outgoing commerce. We also afford the best deep sea fishing on the North Carolina coast. The future of Hatteras is rapidly becoming brighter and a young doctor with ambition and a natural foresight would do well to settle here. His compensations at present would be very adequate, and his possibilities would be much greater.

If you do not know of some capable doctor that would be interested in practicing here, kindly print the above paragraphs of this letter in your next issue of Health Bulletin and ask them to get in touch with me.

Yours very truly,

(Signed) M. L. BURRUS.

GENERAL PERSHING COMMANDS NEW ARMY

General John J. Pershing, Commander of the A. E. F. during the World War, has accepted the chairmanship of the National Anti-Syphilis Committee of the American Social Hygiene Association. Fighting venereal diseases is not new to the General. He evoked world admiration for his services twenty years ago in a campaign to reduce the venereal diseases in the army. All strength to his right command!

RADIO BROADCASTS ON HEALTH SUBJECTS

Radio Station WPTF, operating on a frequency of 680 kilocycles in Raleigh, has very kindly given 15 minutes each Friday afternoon, 5:00 to 5:15 for a program sponsored by the State Board of Health. Copies of these programs will be mailed free upon receipt of your request either to Station WPTF or to the State Board of Health. Constructive comments and suggestions will be appreciated. A list of those in charge of programs during the first quarter of 1938 follows:

Friday, January 7—J. M. Jarrett, C. E.

Friday, January 14—H. F. Easom, M. D.

Friday, January 21—Mr. James T. Barnes.

Friday, January 28—J. C. Knox, M. D.

Friday, February 4—Warren H. Booker, C. E.

Friday, February 11—J. H. Hamilton, M. D.

Friday, February 18—D. S. Abell, C. E.

Friday, February 25—R. T. Stimpson, M. D.

Friday, March 4—R. E. Fox, M. D.

Friday, March 11—M. F. Trice, C. E.

Friday, March 18—E. A. Branch, D. D. S.

Friday, March 25—Roy Norton, M. D.

NOTE: About ten years ago the manager of the Durham Life Insurance Station WPTF in Raleigh, gave the State Board of Health a weekly assignment of fifteen minutes. The duty of arranging for these talks and assuming full responsibility was assigned to Dr. G. M. Cooper. In the five hundred talks made to date covering every known health subject, only two have been criticised.

The Nurse As Preacher and Teacher of The Gospel of Health

Address to the Office Nurses' Section of the North Carolina Nurses' Association

By FREDERICK R. TAYLOR, M. D., F. A. C. P.
High Point, N. C.

EVER since Miss McCracken asked me to read this paper before your section, I have been puzzled. She was unacquainted with me, however, so cannot be blamed for my selection. Indeed, she admitted as much in her letter, and passed on the responsibility to your capable President, Miss Ruth Council. I have the highest regard and respect for Miss Council, but wonder if this may not be the first time I have ever known her to make a slip in judgment. For alas! I must make a confession to you. I am a mere internist, and, lacking the more substantial income that accrues to the successful surgeon, I have not felt able to employ a graduate nurse in my office. It would be folly, therefore, for me to attempt to discuss any phase of the technical side of the graduate office nurse's work, and I shall spare you such a display of ignorance.

In casting about for a subject that might seem profitable for this occasion, I recalled that several years ago, when it was my duty to give a Chairman's Address before the Section on Practice of Medicine of our state medical society, I took for my subject, "The Teaching Function of the Medical Profession as a Whole." It is obvious that every physician should have a teaching function. He, above all others, should educate his patients and his community in health matters. However, that function is sometimes sadly neglected, while almost every community is flooded with a mass of misinformation broadcasted

from the housetops by charlatans, patent medicine manufacturers, preachers of the sophistry that all diseases are due to displacements of the spine, etc. The physician should naturally be the leader in health education in his community, but the nurse has an educational function to perform that is scarcely less important.

The good nurse will, of course, teach her patients much of value. This is especially true of the public health nurse, whose teaching of the practice of hygienic living has a life-saving effect almost impossible to overestimate. However, she has no monopoly on the health education of her patients, for the private nurse, the hospital nurse and the office nurse also can teach much of value. So today I would direct your attention to the nurse's work in the community as a whole, as teacher and preacher of the gospel of health.

Even the best physicians are sometimes handicapped seriously in their efforts at teaching, because some persons, often the very ones who need the teaching most, suspect them of self-interest. The best doctors are always trying to destroy their own work, i. e., to prevent the very illnesses by which they live. Many persons do not understand this attitude—it is too idealistic for them to believe that it is a practical reality, and when the doctor preaches on health they ask at once, "What does he get out of it?" Here is what one very high-grade doctor in a small village

in this state got out of it: he remarked to me some years ago that when he located in that village fifteen years before there was another doctor there, and both of them were as busy as they could be. At the time of our conversation, however, he was the only physician in the community, yet had very little to do, and was considering moving to a new location for that reason. What had happened? Were the people going elsewhere for medical service? Not at all! He had simply wiped out most of the acute diseases in his neighborhood. Not as a salaried health officer, but in sympathetic cooperation with that official and in the course of his private practice, they had immunized the people against smallpox, typhoid fever and diphtheria; and taught them how to feed their babies properly, thus practically stamping out the summer diarrheas that had been so prevalent and deadly before, so that those things which were the greatest sources of his income in the past had disappeared. Outbreaks of respiratory infections, measles, an occasional accident, and the few labor cases that such a sparsely settled community afforded, were about all that he had left to attend to. If his community had waked up to the need of fighting the chronic degenerative diseases by periodic health examinations, he might have become busy once more, and his activities might have prevented a number of cases of chronic disease in middle life, yet if he had preached this phase of the gospel of health too insistently, doubtless many would have considered him to be actuated solely by self-interest.

The trained nurse escapes this suspicion of self-interest in large measure, and that is her unique advantage in teaching and preaching the gospel of health. Often her friends will look to her for advice in health matters,

and here, just as truly as in the office or sickroom, she can render invaluable service.

What are some of the most important things which a nurse can teach her community? There are so many that it is hard to select a limited list. The need of immunization against smallpox, typhoid fever and diphtheria; the urging of all expectant mothers to place themselves in the care of a physician as soon as their pregnancy is known to them; the importance of proper infant feeding; the value of periodic health examinations; the significance of the registration of every birth in the community; the need of medical supervision of the infant and child; the importance of a standard milk ordinance in every town; the encouragement of proper sanitary laws; the need of full-time specially trained county and city health officers; the significance of conscientious observance and enforcement of quarantine laws; the value of frequent visits to the dentist; the dangers of self-diagnosis and treatment; the deadly fraud of the patent medicine evil; the folly of seeking diagnosis and treatment from uneducated practitioners of sundry cults; these are some of the most vital things.

Let us consider three of these topics briefly:

The value of diphtheria toxoid is thoroughly established, yet the people as a whole do not realize sufficiently the need of giving it in early infancy. To give it to the school child is not enough when over 80 per cent of the deaths from diphtheria occur before the age of six! It should be given first at the age of six to eight months if we really want to control the disease most effectively. Physicians may advocate this, yet some overanxious mothers may fear that it will harm their babies. A word of re-

assurance from a trained nurse who is also a friend, may save such a baby's life! If everyone in the world were adequately protected against smallpox, typhoid fever and diphtheria, these diseases would be wiped off the face of the earth, and the germs causing them would become extinct biologic species, no more to be redeveloped than the mastodon or the saber-toothed tiger.

The wholesale killers of our people today, however, are not the epidemic diseases, not even tuberculosis, but heart and kidney diseases and cancer. These cripple or kill many of our most valuable persons in middle life, just when they should be at the height of their powers, and when they kill them, they often cause children to become orphans. They are so insidious that they usually do irreparable harm before their victims feel sick. To even partially control these diseases, we must detect them, or the things that predispose to their development, before subjective symptoms arise, but to do this, we must arouse the people to the need of treating their bodies as well as they do their banks and automobiles, by having them examined periodically to detect and correct small troubles before they become great ones.

The patent medicine and cult evils are peculiar things. That great practical philosopher and showman, Phineas T. Barnum, once remarked that the American people love to be humbugged. Barnum's phenomenal success bears witness to the truth of this statement so far as our amusements are concerned, and, indeed, I suppose most of us can find quite sufficient witness within ourselves, for does not Circus Day appeal to young and old alike? Nobody, however, really wants to be humbugged in matters of life and death, yet there is hardly any phase of human

activity in which there is more deceit and fraud, and worse, near-deceit and near-fraud that cannot be handled by the law, than in the treatment of disease by pushing the sale of useless or dangerous or ridiculously expensive proprietary medicines, and by applying single-track ideas to the diagnosis and treatment of all diseases.

Who among us has not heard someone speak of "Wampole's Extract of Cod Liver Oil"? Yet, so far as I know, there has never been any such preparation in existence.* A preparation has been marketed under the name "Wampole's Perfected and Tasteless Extract of Cod Liver," but the word "Oil" does not appear on the label for the simple reason that it does not belong there. There seems to be no evidence that the vitamin and food values of cod liver oil are present in Wampole's Extract, but there is a good deal of evidence to the contrary. The Connecticut Agricultural Experiment Station fed a group of rats on cod liver oil. They grew and gained weight normally. The same investigators fed another group of rats on Wampole's Extract, and they were quickly reduced to starvation! Probably the chief, if not the sole action of Wampole's Extract lies in its alcohol content, according to the Bureau of Investigation of the American Medical Association.

Wampole's Extract, however, is mild compared to some other proprietary drugs. What about the indiscriminate and unrestricted sale in our drug stores of such preparations as Hypnobromic Compound and Bro-midia? Their names sound as if they were essentially bromide mixtures, but in reality, while they contain some bromides, hydrated chloral is their chief constituent. The American Medical Association found the Hypnobromic Compound to contain 96

grains, and Bromidia 91 grains, respectively, of chloral to each ounce! Hydrated chloral is a dangerous habit-forming drug that has been used in the form of the so-called "knock-out drops" by certain types of criminals who drug their victims into insensibility in order to rob them, and while a useful drug under certain conditions, its sale should be carefully restricted to legitimate purposes. The Hypnobromic Compound, however, has been sold without restriction in eight ounce bottles containing 768 grains of hydrated chloral, and there is no law in our state to prevent the repeated sale of these drugs to the same individual over an indefinite period of years. The trained nurse may sometimes learn of cases of such dangerous self-medication and sound a note of warning that may prevent the development of a very bad drug addiction. Most physicians of experience have seen chloral addicts who were abject objects of pity.

Some of our ideas are founded on the desire for a wish-fulfillment. How fine it would be if only there were medicines to cure everything! This is a very natural wish, and the desire for its fulfillment may explain in part, at least, the idea that so many people seem to have, that there must be some preparation to cure anything, if we could only find it. The glamorous advertisements of the patent medicines, were they all true, would seem to indicate that medicines have been found to cure all ills, and they appeal to the gullibility of perfectly normal, but uninformed individuals.

Why so many are willing to put themselves in the care of those who preach that displacements of the spine are the cause of all diseases, is a little more difficult to explain. There are some diseases that the best medical treatment cannot cure, yet

occasionally they may clear up spontaneously without treatment or in spite of it! If such a thing happens while a patient, grasping at a straw, is in the care of an uneducated cultist, he is misled into thinking that the treatment cured him, and he tells his friends, who, unless they do a little sensible independent thinking, are likely to flock to that same dispenser of hokum, greatly to their discomfiture and his profit. Let me cite just one case illustrating such hokum. Several years ago a frail little woman who worked in a hosiery mill came to consult me. Examination revealed an early pulmonary tuberculosis. She was referred to Dr. J. L. Spruill, Superintendent of the Guilford County Sanatorium for Tuberculosis, who confirmed my diagnosis and admitted her to the sanatorium for treatment. After a few months she was discharged as "an arrested case" and returned to work. I lost track of her for a few years, but one day she came to my office again and asked if I thought it would be a good thing for her to consult a certain noted orthopedic surgeon in Charlotte about her spine. I told her I thought it would be an excellent thing to do if she had anything wrong with her spine. Of course I conjured up visions of a tuberculous spine in the light of her previous history. She asked me to examine her, however, and I found nothing other than a postural sacroiliac strain, and asked her why she thought she had any serious spinal trouble. Then she rather sheepishly confessed that she had been prevailed upon by an acquaintance to consult a chiropractor who had told her she had a displacement of her spine. This seemed natural, assuming that he subscribed to the dogma that all diseases are due to displacements of the spine. I inquired further and learned that she

had taken one hundred "adjustments" from him at two dollars per adjustment, making a total of two hundred dollars she had spent on this method of treatment. This had put a severe economic burden on her, and might even have lessened the available amount of food on her table which she, as an arrested tuberculosis patient of very slight build, needed so sorely. I then asked why she finally quit the chiropractor, and her reply was most illuminating. She said that he had made an X-ray picture of her and then showed her the film and remarked that he couldn't understand "how those gallstones got over on the wrong side," indicating some very characteristic shadows on the left side of her abdomen. She looked at them and said, "Well, I'm no doctor, but I am a woman, and I do know buttons when I see them. Those are buttons on my clothing!" With which parting shot she left his office in disgust. She asked my advice, and I suggested that she get measured for a special supporting corset, which she did, and when she got one that gave proper support she seemed to be relieved of her trouble. All this by way of leading up to the point that the trained nurse can and should emphasize, wherever she has the opportunity, the necessity of consulting only well trained physicians for the diagnosis and treatment of disease.

I have tried to touch on some of the ways in which a nurse can teach her community. Indispensable, however, in any teaching work, is the principle that we must do and be, as well as say. Actions speak louder than words. The nurse herself must have health examinations, be vaccinated, go to the dentist often, etc., else all her teaching will be futile. Her life will be an influence and an example that will teach as much as her words, or, if it does not correspond with her words, will destroy

much of the good which she would do. What we are often speaks so loudly that people cannot hear what we say. The supreme attribute and requisite in teaching and preaching, as in all other activities of life, is character. If the nurse's character is like the house founded on the rock, her friends will know it and will trust her, and her influence will be increased a hundred fold.

In no profession have noble characters been more the rule than in that of the trained nurse. What more sublime human character was ever developed than that great woman who inspired Longfellow to write his celebrated poem: *Santa Philomena*, or popularly known as "A Lady With a Lamp."

That inspired Lady of the Lamp, Florence Nightingale, whose name will be revered throughout the world so long as humanity exists, is but the archetype of many great heroic devoted members of your profession. Study the lives of these great women, follow in their footsteps, and you will find a satisfaction in your profession which none can take away, because it is based on the consciousness of rendering high service to humanity; you will find great joy amid sorrow and suffering, and at the end of the trail of life, yours will be that Peace which passeth all understanding that comes to those who hear the words, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

*Thirty years ago a product by that name was sold by druggists and prescribed by many physicians under the mistaken idea that it contained much cod liver oil. Good old Dr. Harvey Wiley and his first "Pure Food and Drug Law" took the name "Oil" off the label of that particular "Proprietary."—Editor.

EXPLOITING THE SCHOOL CHILD

Attention is called to a recent editorial in the *Shelby Daily Star* with reference to the sale of certain products by school children. We quote two paragraphs from this editorial as follows:

"Shrewd out-of-town business firms have invaded the State-run public schools with tempting selling schemes to further the sale of their products. And the sad part of it is that teachers who are in responsible positions will unthoughtedly allow the children to be exploited in any such manner.

"We admit that an individual child has a right to sell any legitimate product his parent might allow on his own responsibility, but when an organized body of school students take to the streets as peddlers upon the approval and encouragement of the teachers, they are neglecting the purpose for which the schools are operating. Such outside duties are a serious detraction from school work and should not be permitted."

Superintendent Erwin has approved the stand taken by the editor of the *Shelby Daily Star*, and at this time wishes to caution all teachers and principals about lending their approval and support to money-making schemes which takes the time of the children away from their school work. "Matters of this kind," Superintendent Erwin states, "May be controlled by the person in charge of the school. Chapter 220, Public Laws of 1933, adequately covers this question." —NORTH CAROLINA PUBLIC SCHOOL BULLETIN.

We heartily concur in the above, and trust its enforcement will make it harder for certain patent medicine interests to exploit the teachers and children, than has been the case in the past.—Editor HEALTH BULLETIN.

DON'T USE OIL DROPS IN BABY'S NOSE

The Maryland State Board of Health recently issued the following caution in regard to the danger that may result from using oil drops in the baby's nose, which caution we pass on to North Carolina mothers:

"It is a dangerous custom and has been found to have very serious after effects. In some instances, the indiscriminate use of such drops has brought on a certain form of pneumonia that is particularly fatal to young children. Oil nose drops should never be used for young children, unless that method of treatment is specifically ordered by the child's physician.

"In a small baby the nasal passageways are very short and it is quite easy for oily fluids put into the nose of such an infant to get down into the lungs. Oil is not absorbed in the nose and it therefore gradually seeps downward. In the lungs the oil sets up an irritation and produces a certain variety of pneumonia. The disease develops slowly and the harm is often done before the trouble is discovered. This kind of pneumonia does not yield to the usual form of treatment. Reports from different parts of the country show that it has been responsible for many deaths. In almost every case careful inquiry has shown that oil drops had been used."

NAME AND ADDRESS PLEASE

Once again, this time in our first issue for the New Year we want to request our readers, especially when ordering literature to be sent, that the correct name and post office be plainly given. We have a large number of such requests now on hand to consign to the waste basket because of lack of name or address.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

FEBRUARY, 1938

No. 2



Z. SMITH REYNOLDS FOUNDATION MAKES LARGE GIFT TO STATE BOARD OF HEALTH FOR SYPHILIS CONTROL WORK

The above picture shows Dr. Carl V. Reynolds, State Health Officer, receiving check for \$100,000 from the Z. Smith Reynolds Foundation to aid in the prevention and cure of syphilis. Facing the reader from left to right is Dr. S. D. Craig, President of the State Board of Health; Dr. Carl V. Reynolds, Secretary and State Health Officer; Mr. Richard J. Reynolds, President of the Reynolds Foundation and Mr. Stratton Coyer, Secretary of the Z. Smith Reynolds Foundation, Inc.—Photograph courtesy Winston-Salem *Journal* and *Sentinel*.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
Diphtheria	Malaria	Typhoid Fever
Don't Spit Placards	Measles	Typhoid Placards
Eyes	Pellagra	Venereal Diseases
Flies	Residential Sewage	Vitamins
Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months; 5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
Prenatal Letters (series of nine monthly letters)	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
The Expectant Mother	Instructions for North Carolina Midwives
Breast Feeding	
Infant Care. The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Evidence of Progress	Page 3
Typhus Fever Spreading in North Carolina	Page 4
Duke Hospital	Page 5
Noises and the Sick	Page 8
Zachary Smith Reynolds Foundation Donates Income to State Board of Health to Aid in Control of Syphilis	Page 11
Marihuana	Page 14
Negligence of Parents Cause Many Baby Deaths	Page 15

THE Health Bulletin

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Evidence of Progress

EDITORIAL

IN this issue of the HEALTH BULLETIN, we present to our readers who reside outside the State, some of whom live in every state in the Union and in every civilized country in the world from Ongole, India, to Labrador, two comparatively new views of the North Carolina scene in the beginning of the year 1938.

First, situated in the suburbs of Durham, N. C., in the midst of a five thousand acre tract of rolling forest land is Duke University with its four million dollar hospital and medical school. This institution, the gift of the tobacco and power King of his day, the late James B. Duke, an old time monopolist, perhaps, but who remembered his native state by leaving many of his millions in perpetuity for the poor and ailing, is in truth developing into a medical center of nation-wide importance. During the twelve years of its existence it has given nearly eight million dollars toward medical and hospital care for the sick poor in this section. In the coming years investigations to be made in the Duke Medical School and its system of hospitals will undoubtedly prove of great benefit to the cause of preventive medicine. We therefore take pleasure in calling attention to the article in this issue entitled "Duke Hospital," by A. A. Wilkinson.

Second, one morning in late December every important newspaper

in America carried the astounding story that the Zachary Smith Reynolds Foundation of Winston-Salem, N. C., had donated to the State Board of Health the income from a fund of seven million dollars, to be used in a carefully planned and scientific effort for the control and eventual eradication of syphilis and other so-called venereal diseases. The significance of this gift and its far-reaching importance may be illustrated by quoting the opinion of the advertising manager of one of the country's greatest railroad systems, himself rated as one of the keenest and most competent advertising men in the business. This man had just returned from conferences in Chicago and New York with some of his fellows when the editor of the HEALTH BULLETIN ran into him. Said the Ad man: "Look here, the big news in our circles is the Reynolds Foundation gift to the State Board of Health to fight syphilis. It is worth fifty times as much to the state as any possible kind of official or professional advertising." Said the Editor: "In what way do you think the Reynolds donation rates so high in news and advertising value?" The Ad man shot right back: "1. It landed the name of North Carolina in a most favorable light on the front page and in half the editorial columns of every daily paper in the land; 2. It took the word syphilis out of the back alley

and indicated to the world that here was one state which proposed to deal with the problem intelligently; 3. And of far greater significance it proclaimed to the four quarters of the world that in the State of North Carolina a great industrial group had implicit confidence in at least one vital division of the State Government, to the extent that both might cooperate in a great humanitarian enterprise. In this day of 'Rights' and 'Lefts', 'Communists' and 'Dictators' that means something."

Somehow to the writer of these lines it is satisfying to know that the cash for these great enterprises was garnered from all the world by the genius of North Carolinians, and is being expended for the benefit of their own under-privileged people who gave them their first opportunity.

TYPHUS FEVER SPREADING IN NORTH CAROLINA

The rapidity with which typhus fever is spreading in North Carolina shows that it has gained a foothold in some counties, and while its presence is not yet alarming, that something should be done to check it. Especially is this true since the means of its transmission is now known. Last year there were thirty cases of this disease and three deaths reported to the State Board of Health but for the eleven months of this year ending November 30, there have been 63 cases and seven deaths. In Sampson County there have been fifteen cases and two deaths reported; in New Hanover six cases; Lenoir six; Craven, five; Stanley, five; Wayne, four; Mecklenburg, four; Wake, two; Robeson, two; Moore, two; and Anson, Gaston, Cleveland, Buncombe, Chatham, Orange, Scotland, Vance, Wilkes, Beaufort and

Northampton have had one each.

Typhus fever as it is found in North Carolina and other Southern States is a more benign type than the epidemic form of typhus which we associate with war days, army camps and the "cootie" or body louse. It is known as the endemic type and is carried from man to man or from rat to man by the rat-flea. To control this form of typhus means that rats, the host of the flea that transmits the infection to man must be gotten rid of. It is believed that this disease found its way into the United States from Mexico, as this form of typhus resembles in many respects the old Mexican form known as "Tabardillo."

Typhus fever is usually marked by a sudden onset of fever, with headache and dizziness. There is always a rash which is a most characteristic symptom. It appears about the fifth day and lasts from two to ten days. The death rate from this disease is usually not so high, about 5 per cent, or one death in twenty cases. However, the fatality varies with age, being less among patients under forty-five years of age.

A rat-eradication campaign is the remedy for checking the spread of typhus in North Carolina. Rats carry not only typhus but many other diseases. They spread filth and poison. They destroy produce and property. A campaign for their riddance would save the state money, property and lives.

While the midwife problem is not what it used to be in North Carolina, it is still an important health question when viewed in its relation to the state's high death rate of mothers and babies. It is estimated that approximately 4,000 midwives practice in the state, serving between a third and a fourth of all mothers, but more than twice as many colored as white mothers.

Duke Hospital

By A. A. WILKINSON

DURING the present decade hospitalization has made its most significant advances in North Carolina, some of which can be attributed not only to the direct aid of the Duke Endowment but to the stimulus that trust has had upon scores of communities in planning and providing for their own hospitals. Duke Hospital in Durham has had a record of development since its opening in 1930 that parallels the growth of hospitalization in the state. With a capacity of 456 bed patients it is the largest general hospital of a broad southern area. During the first six and a half years of its operation it received 78,500 different patients from nearly all of the state's counties and more than a score of states.

To survey the accomplishments of this young institution that is performing so large and important a task, much must be taken into consideration: its organization, equipment, methods, operation of public dispensary clinics, contributions to research and operative technique, its teaching clinics, symposia for physicians, its part in bearing the state's charity load and the almost countless other departments and activities that are essentials in the performance of its work.

A striking feature of the Duke Hospital's first seven years has been its immediate rise to importance as a sectional hospital. This is shown in the fact that the distance the average patient travels to Duke Hospital is 71 miles. All of the hospital's patients have received an aggregate of 508,500 days of care (up until January 1 of this year—hence the present total is much more), and through the past October more than 25,000 opera-

tions had been performed in five busy operating rooms. In a measure the growth in number of operations indicates the expansion of the hospital's work. By years operations have been as follows: 623 in 1930; 1,807 in 1931; 2,397 in 1932; 2,884 in 1933; 3,566 in 1934; 4,246 in 1935; 5,170 in 1936; and 4,717 during the first ten months of this year.

When the hospital began its service, only 100 of its 456 beds were opened, and it was expected that this would accommodate all patients admitted for some time, yet in the fall of the same year additional wards were opened, and today no beds long remain unoccupied. There were 91 patients for the daily average during the first year, and this year the average will approximate 330.

By number the vast majority of the hospital's patients are received through the public dispensary clinics. Hospital visitors frequently are surprised upon seeing the lobbies and waiting rooms so crowded with patients of all ages who have come for medical care. These ambulatory patients numbered 500 monthly in 1930, and by 1934 they had grown to 3,000 monthly. During this year the monthly average has been 3,950 patients. This growth has necessitated many additional examination and treatment rooms.

Clinics conducted by the hospital include general medicine, general surgery, obstetrics and gynecology, children's diseases; ear, nose, and throat; dentistry, tumors, bone and joint diseases, urinary and kidney diseases, eye, syphilis, asthma and hay fever, diabetes, infant feeding, pneumonia, pneumothorax, and endocrine.

During 1936 91.4% of the patients in Duke Hospital were not able to pay the full cost of their medical care; 75 of the 94 counties in the state represented by this group, however, assisted them in amounts varying from \$2 to \$9,013.45. The money contributed by the counties was 4.8% of the cost of their care, and the patients themselves paid 53.1%. In some counties the proportion contributed by the patients was even less. Of the total \$191,244.72 for the cost of charity work, 92.7% was for the care of patients from this state, 3.7% for patients from South Carolina, and 2.5% for those from Virginia. For the other 20 states represented in Duke Hospital's patients for the year, the patients paid 65.9% of their cost of medical care.

It may be of interest to indicate the percentages of the various operating costs of the hospital. Nursing and care of patients required 50.8%, food 32.1%, heat, water, and maintenance 9.5%, and 7.6% for administration of the preceding divisions. During the year the hospital costs totalled \$509,797.80, or \$4.51 per day for each patient.

The hospital medical staff comprises more than 100 persons, including internes, resident-staff, and teaching staff; while secretaries, technicians, nurses, and minor administrative officials number 250. There are more than 200 orderlies, maids, cooks, and other employes.

The four major divisions of the hospital are: (1) surgery, which includes the sub-divisions of surgery, orthopedic surgery, urological surgery and nose, throat, and eye surgery, nerve and brain surgery, and thoracic surgery; (2) general medicine and its divisions: allergy, cardiology, dermatology, neurology, psychiatry, and gastro-intestinal diseases; (3) obstetrics and gynecology; and (4)

pediatrics. There are also several subsidiary departments; pathology, including gross and micropathology. The pathological department, in addition to serving Duke Hospital does pathology for some 50 hospitals which are not financially able to maintain a pathologist. Likewise the toxicological laboratories serve a wide area.

An interesting array of physiotherapy equipment is operated for treatment of patients by massage, heat, electricity, light, and water. There is a pharmacy that supplies all the drugs used in the hospital. Other interesting features include the amphitheater, equipped with screen and lights for pictures, that is used for lectures and demonstrations, but not for actual operations; the division of medical illustration with its expert photographer and artist, and several printing presses.

During the past four years the hospital has sponsored annual symposia for the benefit of physicians in the state and the border counties of Virginia and South Carolina, and the average attendance has been some 500. During this period the symposia have brought to the hospital widely-known authorities in the fields of gynecology, pediatrics, obstetrics, psychiatry, surgery, and specialists in the fields of gastro-intestinal diseases, and diseases of the circulation, heart, and kidney.

Throughout the year the hospital, in addition, brings special lectures to conduct teaching clinics in many phases of medical and surgical practice. These are heard by visiting physicians as well as by members of the hospital's staff and students.

During the seven years of its operation the hospital has been used in connection with the medical school's preparation of 199 graduates, and in further training many of the 155 graduates who have already com-

pleted their periods of interneship.

The first use of special ultra-violet lamps in the hospital's operating rooms for the purpose of sterilizing the air of bacteria has offered a solution to the long baffling problem of contaminated air in hospital operating rooms. Such rooms, often in almost constant use day and night, present the contaminated air problem with resultant post-operative infections and perhaps deaths in patients. After hundreds of operations in the Duke rooms with the sterilizing lamps suspended above the tables, post-operative temperatures have shown a marked decline, and convalescence has been accelerated. The tubes' radiations effectively kill bacteria at a considerable distance from their source in 60 seconds to five minutes.

Not since surgeons abandoned the use of Lord Lister's carbolic spray in operating rooms has the problem of air sterilization been considered to any extent. Close tabulation of the Duke Hospital records indicate the efficacy of the lamps, and the work is being checked in other large hospitals in this country.

In addition to the pioneering work in hospital operating room sterilization, Duke Hospital research has produced various improved surgical methods in the sphere of hospital care.

Of more significance than merely its service to the staff and students is the maintenance in the hospital of a library of more than 32,500 volumes that is used for reference sources by physicians throughout the state.

Other departments that carry on a busy and highly interesting work are the roentgenology and the brace and instrument shop. The X-ray division is one of the most completely equipped in the country and is finding increasing demands for its service.

In the realm of pure research many interesting and potentially valuable projects are under way, including the studies of pellagra and anemias. A hundred persons in the hospital are engaged entirely in research work.

Inspection of Out-of-State Sources of Milk Supply Tightened

With surveillance of out-of-state sources of supply more rigid than ever before, milk from insanitary dairy farms should be a rarity in New York State.

For years, milk and cream shipped into this State for fluid consumption have been subject to the same standards as those for domestic supplies and local health officers have been responsible for seeing that foreign milk and cream met the prescribed requirements. Now, for the first time, out-of-state supplies are given rigid inspection at their very source by the State Department of Health. Since July 1, a corps of fourteen milk sanitarians, who will inspect some 18,000 farms and about 169 dairy plants shipping milk into the State, have been added to the Department's Bureau of Milk Sanitation. General sanitary conditions on farms, as well as stables and equipment used in milk production, will be carefully examined. Two of the sanitarians, who are also veterinarians, will make physical examinations of herds as a check on the results obtained by the local veterinarian. About 23,000 dairy farms have been inspected to date.

This strict supervision of out-of-state milk supplies is required by Chapter 404, Laws of 1937, which provides for licensing by permit of milk shipped into this State. Permits are predicated on inspection of the sources of such milk to insure conformity with New York standards and sanitary requirements. The law became effective July 1.—New York State HEALTH NEWS.

If the above regulations are good for the people of New York, they should be equally as desirable for the people of North Carolina.—Editor.

Noises and the Sick

By JOHN M. GIBSON, Director,
Division of Public Health Education
Alabama State Department of Health

DURING his recent tour of Europe, former Governor Alfred E. Smith of New York wrote of his impressions of the Old World for an American newspaper syndicate. During his visit to Italy he wrote of that country as follows:

"There appeared to be a quiet not known in the United States, particularly in New York City, where the mayor was obliged to inaugurate an anti-noise campaign. I discovered that chauffeurs are not permitted to sound their automobile horns, except at curves on mountain roads. On regular highways and on city streets you never hear a sound. Even trolley cars are noiseless. The police directing traffic have no whistles to blow. They wear black clothes with white gloves and regulate traffic by the motion of their hands. The white gloves against the black background are easy to see and take the place of stop-and-go signals."

It is not at all surprising that this visitor, who had spent most of his life in what is probably the world's noisiest city, should have been greatly impressed by this absence of noise in a foreign country. Many others have been similarly impressed.

From time to time newspapers publish letters from their readers protesting against the incessant din that disturbs would-be sleepers, makes slumber all but impossible, and inevitably contributes heavily to the staggering toll of physical and mental wrecks who crowd our sanatoria, our hospitals and our institutions for mental cases. These letter-writers ask why hard-working men and women, trying to get the rest they so greatly need for the labors of the fol-

lowing day, must be kept awake for hours in the dead of night or in the early morning because of the thoughtlessness of automobile horn-tooters, radio listeners who apparently cannot enjoy a program unless it is loud enough to be heard a block or two away, truck drivers who dash here and there with their muffler cut-outs open, and innumerable others who show little or no concern for the right of the ordinary citizen to get a good night's sleep.

"Last night I counted the number of horns sounded during the five-minute period between 11:55 and 12:00," wrote the author of such a letter of protest published some time ago in *The New York Times*, "and the total was 36—an average of seven blasts a minute at midnight. These were not warning 'toots' to a straying pedestrian. They were 'blasts' of impatient drivers—the favorite sport of those behind a wheel to hurry the car ahead. Why shou'd not every policeman be authorized to order a noisy driver to the curb for a fifteen-minute period to think it over, under penalty of receiving a ticket if he moves before that time?"

Although the problem of noises at night is perhaps greater in New York, in spite of a noise-abatement drive begun some time ago, it is one with which the entire country, including Alabama, has to deal. A reader of *The Birmingham Post* wrote as follows in a recent issue of that paper:

"I would like to lay my hands on certain motorists who persist in riding down Cotton Avenue honking their horns for all they are worth at night.

"I think, as a matter of common

courtesy, motorists should refrain from blowing their horns as much as safety will allow when driving through thickly populated residential sections of the city.

"You can hear motorists a block away bearing down on their horns as they come plunging down Cotton Avenue. It's a pain in the neck to every resident on that avenue, and I wish the chief of police or the city fathers, or somebody, would take it upon themselves to urge motorists to be more considerate of sleeping residents."

Several years ago it was made an offense against His Majesty's government for an automobile or truck driver to blow his horn or make any other unnecessary noise between the hours of 11 P. M. and 6 A. M. in the most populous sections of the city of London. Offenders were informed in no uncertain terms they might expect prompt and adequate penalties for infractions of the new regulations, which it was planned to make effective later in all parts of the city and throughout the British Isles. This forward-looking step was greeted with enthusiasm and has been emulated by many other large cities.

The drive against needless noise was taken up on this side of the Atlantic by the American Automobile Association. This organization announced that it would not confine its campaign to an effort to curb night noises alone, but would attempt to reduce, as far as possible, the unnecessary wear and tear on human nerves and dispositions in the daytime as well. After referring to the success of the London campaign and to a similar drive in Berlin, Mr. Thomas P. Henry, of Detroit, president of the A. A. A., had this to say, as quoted in newspaper reports:

"Such a campaign in American cities not only would bring an era of

quiet, particularly in residential sections, but would contribute to safer motoring conditions.

"The horn was, and is, intended as a warning signal, but not one out of a hundred blasts today carries any such significance. If we could cut down the use of the horn, there would be more respect for boulevard stops, less speed in turning corners, less hurrying in congested traffic, and a decrease in the number of drivers who weave their cars in and out of lanes of traffic.

"Any program to reduce noises in our streets also might include a drive against open exhausts, back-firing of engines, and other unnecessary noises."

All sleep-wrecking noises, of course, are not due to thoughtless motorists and truck drivers. Those who are kept awake by their neighbors' radios probably feel that the voices and music traveling the air waves are more rest-disturbing than the sounds emanating from automobile or truck horn, exhaust or brake.

"Unquestionably the worst public nuisance in New York today is our neighbors' radios," a long-suffering night-noise victim protested in a letter to the radio editor of The New York Times last July. "During the summer everybody's windows are necessarily wide open and the broadcasts that come blaring simultaneously out of so many different windows turn whole neighborhoods into bedlam."

This letter-writer continued:

"Either a great many radio owners are hard of hearing or else they enjoy noise for the sheer volume of it. Entire districts are rendered unfit for civilized living and during the evenings and Sundays, when people want to rest from their work, they are mercilessly exposed to this bed-

lam of noise, which is obviously damaging to public health.

"Now all this radio nuisance is unnecessary. You can enjoy radio as well turned down low as at full volume."

The blame for blaring radios rests, of course, upon the owners of receiving sets and not the broadcasting stations. The latter have no control over the noise-mania of those who listen to their programs, and they have given frequent indications that they are eager to do everything they can to prevent the radio from being a public nuisance. An example of this eagerness was seen at the time of the Joe Lewis-Jimmy Braddock championship fight several weeks ago, when the announcer reminded fight fans listening in that the fight was being held after many persons' bedtime and asked that radio sets be tuned down in order not to disturb their rest.

Unnecessary noise, especially at night, whether due to the causes that have been mentioned or to others, not only are a distinct nuisance, but also constitute a serious problem in public health. Those who cannot obtain the rest and sleep they need are most susceptible to the diseases that play havoc with mind, body and nerves. Those who are already sick and are doing their best, by a strict regimen of rest, to regain their health find sleep-wrecking noises to be severe handicaps in their fight against illness.

Hospitals are permitted to establish "hospital zones" and to indicate them by proper signs. Those making unnecessary noise, whether at night or in the daytime, within these zones of quiet are subject to suitable penalties. In view of the fact that only a relatively small percentage of the sick are hospital patients, is it not

proper to insist that those fighting illness in their own homes are entitled to similar consideration, and to a measure of protection against thoughtless persons' hunger for noise and yet more noise?

Many, indeed, have been the tributes paid to sleep as a contributor to human health and happiness. Cervantes called it "meat for the hungry, drink for the thirsty, heat for the cold, and cold for the hot." To Samuel Daniel it was a "Care-charmer." The Psalmist rejoiced that God "giveth His beloved sleep." To Samuel Taylor Coleridge it was "a gentle thing, beloved from pole to pole." To Shakespeare it was "sore labor's bath, balm of hurt minds, nature's second course, chief nourisher in life's feast." A less poetical but equally correct tribute to sleep was written by an anonymous author of an article published some time ago in *Clinical Medicine*, in part as follows:

"Sleep is the most important thing in the world, more important, even, than food. We rest to sleep—but we sleep to live. Men have gone sixty-three days without food and a week without water—but they cannot last more than ten days without sleep. Loss of sleep causes a form of starvation, for the food we eat is digested and transmitted into new muscle, brain, blood and nerve cells only while we are asleep. Sleep recharges the exhausted body-batteries and fills the organic furnace with fresh fuel. Sleep is a positive process—not a negative one. It isn't merely a stopping of bodily activity. It's the substitution of a constructive process for a destructive one."

Macbeth, in anguish and remorse, condemned himself as a murderer of sleep. In our day the murderers of sleep seldom suffer attacks of conscience. In their easy-going, inconsiderate way, they make little or no

effort to curb of eliminate the noises that make sleep impossible for the victims of their thoughtlessness. Many, no doubt, do not realize how much damage they do, and need only to be reminded of it. If those responsible for unnecessary night noises

could be induced to show the same degree of courtesy and consideration for others that mark the lady and gentleman in the ordinary affairs and relationships of life, there would be a vastly greater measure of health, peace and happiness for all of us.

Zachary Smith Reynolds Foundation Donates Income to State Board of Health To Aid in Control of Syphilis

By W. H. RICHARDSON

THE North Carolina State Board of Health has been designated to handle the largest benefaction for public health in the history of the South and one of the most significant ever made anywhere—the income from \$7,000,000, with which war will be waged on syphilis, that arch-enemy of mankind.

The allotment was made by the trustees of the Zachary Smith Reynolds Foundation, Incorporated, and the first check for \$100,000 was received by Dr. Carl V. Reynolds, State Health Officer, upon his return to his desk after the Christmas holidays.

"This magnificent philanthropy will bring to a realization one of the fondest dreams of the State Board of Health," Dr. Reynolds said. "It will enable us to accomplish, in the comparatively near future, some of the objectives that have seemed years off. Long before government began to realize its responsibility in the prevention of disease and the preservation of the health of its citizens, as a means of bringing about better social and economic conditions and the promotion of human happiness, philanthropists led the way; but this gift to my mind, is the greatest of all, in that it has been made available

for war on 'the Great Exterminator', a disease that has shown humanity no mercy."

Dr. Reynolds, however, made it plain that every cent of the money—both of the \$100,000 already in hand and any subsequent amounts—will be used for the specific purpose for which it was allotted, and that, while it will be necessary to employ additional men and women to do the work required, these will be experts and chosen not because someone recommends them, but because of their fitness for the job they are to undertake. In other words, as Dr. Reynolds put it, "no gravy train has been set on its way," adding: "This means hard work, the performance of a task that will require the execution of a very definite program, over an extended period." He went on to explain that "this is a trust fund and will be administered as such, with a view to being able to give an account of our stewardship, at any and all times."

There was a time when none dared speak the word "syphilis" out loud. Even so, there was a time when "tuberculosis" was spoken in a soft voice, behind the hand and directed at the ear of only the one who was supposed to hear. People were afraid

of tuberculosis—and as long as they were afraid of it, they never conquered it. Now, it is a controllable and a curable disease. Thousands of persons throughout this and other lands who have been delivered from its curse, go about with smiling faces, useful men and women, gainfully employed, keeping pace with their fellows in the march of progress.

Syphilis, as the medical profession points out, has a known cause; it is curable, and it can be exterminated. The Scandinavian countries have demonstrated this. In Sweden, for example, it is practically nil. Yet, in America it is a raging epidemic, affecting about one-tenth of our population, including one out of every ten mothers who give birth to a child. If measles, whooping cough, diphtheria or any other disease within a group of such infectious and contagious maladies were as prevalent as syphilis is today, the schools would certainly be closed and, perhaps, the movie houses and other places of public gatherings and entertainment.

The fact that syphilis is curable and can, with the proper treatment, be exterminated, makes the Z. Smith Reynolds Foundation benefaction to North Carolina and its people, administered through the State Board of Health, all the more significant.

With the proceeds from this fund, the Board of Health will fight syphilis from the cradle to the grave—and further. It will attack it in its prenatal stage, by helping syphilitic mothers give birth to babies that can have a chance in the world. When we take into consideration the fact as stated above that ten per cent of all children are born of syphilitic mothers, is it any wonder we stand appalled and register a solemn vow that this must not continue? This

question was asked by Dr. Reynolds: "But what could we do without the funds with which to prosecute the work?" he added. Just so. Now the funds have been provided.

Let us look for a moment at the picture here in North Carolina, where this trust fund committed to the State Board of Health is to be expended. New cases of syphilis are being reported at the rate of 33 a day, or 12,000 a year, while a fair estimate of the number existing in North Carolina at the present time is more than 300,000 including 20,000 children under 15 who inherited it from their parents. As only 43 per cent of the syphilitic children reach the age of 10, it is assumed that, in addition to the 20,000 just referred to, 26,000 have gone to their graves. The above figures were given, in a more extended form, by Mrs. J. Henry Highsmith, in her recent article advocating better marriage laws as one of the safeguards against the spread of venereal diseases. It will interest the readers of The Bulletin to know that at least fifty North Carolina newspapers — perhaps a larger number—reprinted Mrs. Highsmith's article in full, some of them adding the weight of favorable editorial comment.

The money available from the Z. Smith Reynolds Foundation, Incorporated, to be used in connection with other funds available to the North Carolina State Board of Health, will enable the Board to carry on a campaign that will be thorough. "We propose," says Dr. Reynolds, "to locate those who have syphilis and to see to it that they are treated to the point where they will not only be non-infectious but carry these treatments to where the patients will be completely cured. This is the only safe course. We propose to keep be-

hind delinquents, because temporary relief is not sufficient. This only means that in time to come there will be a recurrence of the disease and the patient will be subject to the sequelae so well known to the medical profession, including heart and other organic ailments that bring men and women to their graves."

Numerous conferences already have been held at this writing, including one between Dr. Reynolds, Dr. R. A. Vonderlehr, Assistant Surgeon General of the United States in charge of venereal control work, and Health Board staff members. Others were scheduled to follow, during which all phases of the campaign were to be taken up and given consideration.

This benefaction from the Board of Trustees of the Zachary Smith Reynolds Foundation, Incorporated, is the largest single gift for the particular purpose to which it has been dedicated that has ever been made, and its effect will be far-reaching, in stimulating further allotments from other sources, including, perhaps, governmental sources. The cause is not only a worthy but a pressing one. It took money to exterminate yellow fever, typhoid and other maladies which formerly claimed their victims by the hundreds of thousands every year. It will take money to bring syphilis under control; but the public should never lose sight of the fact that, along with that, along with that of the clinic, lies the work of education. Syphilis must be dragged from its den, out into the open, and exposed to the public gaze. It must be treated as a public enemy—for it is such—Public Enemy Number One, in the realm of disease. Cancer is painful and deadly—alas, deadly to the point where it has never been brought

under control. But cancer, with all its consequent suffering and its tremendous annual toll cannot be classed with syphilis in the scope of its havoc, because it is not controllable, and syphilis is.

Educational matter about venereal diseases can be obtained from the North Carolina State Board of Health. This should be studied, with a view to getting people interested in avoiding it. In this age of sophistication, there is no reason why youth should not be warned of the dangers of syphilis. It knows about it, anyway. It knows what causes it, but it is the duty of the elders, and those who have made a study of the situation, to sound a note of warning that must catch the ear of youth.

Syphilis should be fought, through education, in the home. It should be fought in the school, the Sunday-school, the church, the Army and Navy, the Y. M. C. A. and kindred organizations—it should be fought to the bitter end by every agency that has the power to raise its voice or finger against it!

The North Carolina State Board of Health is preparing to do its part, in its way—in a great big way—but YOU must cooperate, Mr. and Mrs. Citizen. What will you do? If you have any suggestions, send them in to the Editor of The Bulletin, Care of the State Board of Health.

Health centers are no longer an experiment in North Carolina. Last year there were operating in the different counties 120 health centers for mothers and babies. These centers were served by local physicians and public health nurses. Needy indigent mothers who had been visited by the nurses came and brought their babies. They were examined and the mother was told what to do to safeguard her health and that of her baby.

Marihuana

By MRS. J. HENRY HIGHSMITH

MARIHUANA is a new world term for an old world drug whose ancient history is black with crime and insanity. It was introduced only a few years ago into the border country of the United States by Mexican laborers. Today it is known to have spread to every state in the Union, and the number of marihuana addicts is now estimated to be more than 100,000, the majority of whom are of high school and college age.

Marihuana, or marijuana, is the Mexican name for the dried flowers and leaves of the commercial hemp plant, *cannabis sativa*. In Asia the plant is known as *cannabis indica*, or Indian hemp, and the narcotic derived from it is called hashish. The English word "assassin" is derived from the Arabic "hashishin," or "hemp eaters," an oriental religious and military society noted for its violence and crimes committed under the influence of hashish. Orientals long ago learned that hashish produced the proper mental and emotional state for committing crimes of the most heinous nature.

Marihuana circulates in the United States usually in the form of cigarettes under a variety of local names, such as reefers, greefas, mutahs, muggles, miggles, love weed, giggle weed, joy-smoke and the like. It is peddled out especially to high school boys and girls by vagabond dope peddlers. It is made alluring to youth by a whispered secret that it is a cigarette with a new thrill, a "real kick," with no harmful aftereffects. Its introduction into the United States was preceded by a whispering campaign which represented it as able to perform miracles, to produce great physical and mental strength,

and to sharpen one's wits and social gifts.

In this country the effects of the drug are obtained almost entirely by smoking the dried leaves and flowers of the plant. It has been found being sold not only in high school and college communities, but across refreshment counters, in second rate dance halls, low amusement places, barbecue stands and some filling stations. Marihuana dens have been found in some of the larger cities, and many of these were visited by high school boys and girls in search of a new sensation.

The effect of the marihuana drug differs with the individual. No one can predict what the reaction in any case will be. On the immature brain of the young, it acts as an almost overpowering stimulant. Its continued use undoubtedly results in general instability, mental weakness and finally in insanity. "Floating" is the term given to marihuana intoxication. In this condition the person's ego becomes greatly magnified, and nothing appears impossible. All sense of time, place, conscience or consequence is lost. Marihuana victims suffer hallucinations which often take the form of a persecution complex, with violent murders, maybe of father, mother or best friend, as the result.

A. J. Anslinger, U. S. Commissioner of Narcotics, says: "Marihuana is contributing to an alarming wave of sex crimes. How many murders, suicides, robberies, criminal assaults, holdups, burglaries and maniacal insanity are caused each year by marihuana can only be conjectured. The sweeping march of its addiction has been so insidious that it thrives in numerous communities and is only

found out by the commitment of a heinous crime."

That marihuana, or cannabis sativa, is a weed that grows wild throughout the country; that it is a habit-forming drug making dope addicts of thousands of men and women, and that the youth of the country has been chosen by the peddlers of this poison as their most fertile field, make it a problem of serious concern to every man and woman.

To bring the traffic in this drug under control, says Mr. Anslinger, means a job of unceasing watchfulness on the part of the police, parents, school officials, public health officials and all welfare workers. It means education through the schools, the home and the press. It means also cooperation on the part of all good citizens in securing the strict enforcement of State and Federal Narcotic Laws.

Fortunately, North Carolina has a State law for the control of marihuana, but not until last summer when Congressman R. L. Doughton introduced and secured the passage of a law by Congress did we have a Federal Law. One without the other was ineffective, while both, it is believed, will be able to curb the traffic in the marihuana drug.

NEGLIGENCE OF PARENTS CAUSE MANY BABY DEATHS

That more than 2,000 babies under one year of age are killed accidentally every year in this country shows great negligence and ignorance on the part of parents. In a recent study of accidents to infants recorded in the statistical bulletin of the Metropolitan Life Insurance Company, it was found that more babies die from accidents than from measles, scarlet fever, and diphtheria combined. Among colored infants the

fatal accident rate was found to be about double that of white infants.

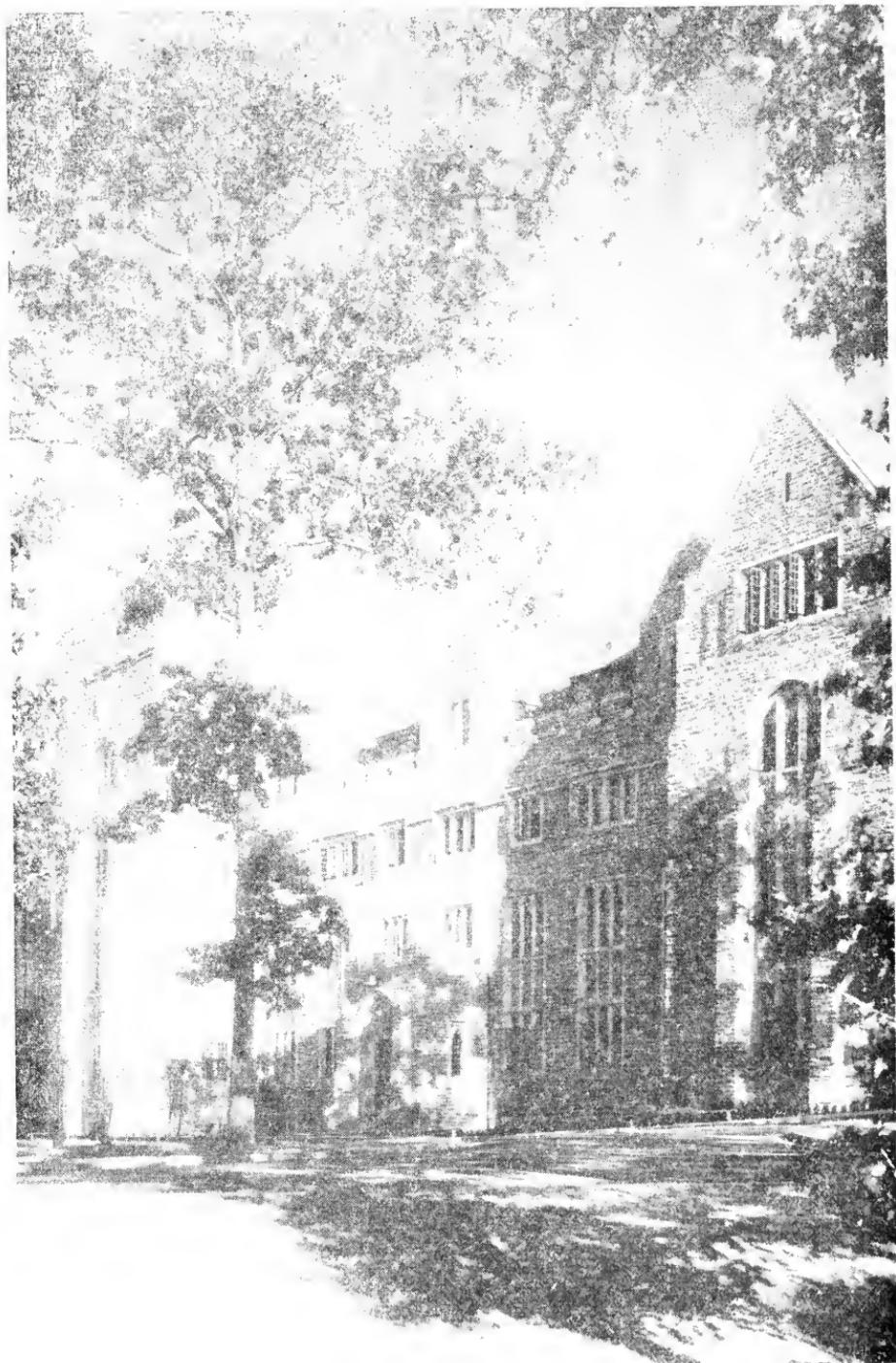
Among the accidents listed as causing infant deaths over a two-year period — 1933-1935, suffocation was given as causing the greatest number, or 38.7 percent of the total accident deaths. Smothering by bed clothing headed the list of accidents. This was followed by smothering by adults sleeping in the same bed with infants, and smothering by means of the child's face being buried in a pillow or by sleeping on the face was next. The winter months when heavy bed clothing is used and when parents yield to the temptation to take the baby into their bed afford the greatest number of accidents.

Foreign bodies, such as food particles, safety pins, tacks and marbles, lodged principally in the air passages caused about 9 percent of the accidents. Burns such as result from scalding from hot water, coffee, tea, or from upsetting pans, accounted for another 9 per cent; while falls, chiefly out of cribs, beds, or high chairs, down the stairs, or out of windows, were listed third.

Other important causes were automobile accidents, drowning, poisoning by food, and conflagration. All of which is to say that parents, nurse maids and cooks are all too careless in regard to the care and safety of babies. Thus a baby's first year of life is made one of peril and great danger.

Schick Tests for Children

In the fall of 1936, the State Board of Health supervised the administration of toxoid to 375 children in Alleghany County. The job was efficiently done with a fresh product. One year later, in the fall of 1937, the Schick test was given to the 375. Nineteen of them reacted positive. This should be an important item for health officers to note.



A SECTION OF DUKE HOSPITAL, DURHAM, N. C.
(See article in this issue by A. A. Wilkinson)



The

The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

MARCH, 1938

No. 3



THREE HUNDRED FEET UNDERGROUND IN NORTH CAROLINA

Siliceous dusts, to which the workers in many trades are exposed, constitute the most extensive occupational disease hazards in the state. Silica, uncombined as quartz or chemically united with other elements as silicates, when inhaled converts healthy lung tissue into scar tissue, the accumulation of which will result ultimately in the disablement of the worker. Such health risks are not confined to the numerous mines of North Carolina but exist in all of the many industries that mill or fabricate mineral substances or employ them in manufacturing processes. The scene above is a picturization of one way in which a dust hazard is created. Into an ore deposit a pneumatically operated Jack Hammer drill is cutting a hole which subsequently will be loaded with dynamite in preparation for blasting down the mineral. The dust cloud issuing from the drill hole is so dense as to partially obscure one of the workmen. Note the air filter worn by the worker whose face is visible. One phase of the work of the Division of Industrial Hygiene, which functions in cooperation with the N. C. Industrial Commission, administrator of the Workmen's Compensation Act, is to evaluate the extent of such risks and promote the introduction of safeguards. The use of water liner drills reduces the dust hazard. In the mine pictured above wet methods recently have been introduced. In one locality active mining operations are in progress more than 2,000 feet underground.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
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Don't Spit Placards	Measles	Typhoid Placards
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Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives
Infant Care, The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Doing Something About Pneumonia	Page 3
Nervous People	Page 4
Telltale of Fingerprints	Page 4
Hope for Hard of Hearing Children	Page 5
Treatment Versus Prevention	Page 7
First Aiders Valuable Help at Clemmons	Page 9
Book Review	Page 10
Not Safe to Wait If It's Appendicitis	Page 10
First Aid for the Home	Page 11
Don't Drink Water Just Because It Looks Good	Page 13
Don't Let Filthy Habits Make You an Ally of Death	Page 15
Public Health Exhibits	Page 16

THE Health Bulletin



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Doing Something About Pneumonia

EDITORIAL

THE North Carolina State Board of Health, with the aid of the State Medical Society and the Medical School and Faculty of Duke University, has set up a commission for pneumonia control and study in this state. Recently, the Duke Medical School conducted a laboratory course of instruction in pneumonia typing. This was offered free of charge to the technicians of the State, those working in the offices of private physicians, those connected with public or private hospitals, and those in the various city and county departments of health. The course lasted a week, from January 24 to 29, and was attended by more than 60 technicians.

The purpose of the commission is to study ways and means of preventing fatalities in attacks of pneumonia by the use of a serum treatment which is said to be effective in certain types of the disease. As all physicians know, there are several types of pneumonia, thirty-two to be exact. So far, the serum has been found to be effective in several of the more common types, including one of the types of lobar pneumonia which comprise about 50% of all cases. Sera may be used in only about 60% of combined types of cases. It is within these types that most deaths occur. Physicians, of course, understand that a certain percent of all pneumonia cases are caused by organisms other than pneumococci and therefore plan their course of treatment accordingly.

The serum at present is expensive, but a few of the counties have already made provision for a supply of the serum in all cases of indigent persons needing it. The Commissioners of Raleigh and Wake County recently made an initial appropriation of a thousand dollars at the request of two of the practicing physicians of Raleigh to be used for people unable to pay for it. Dr. Hubert B. Haywood, a member of the State Board of Health is chairman of the Pneumonia Commission. The Commission has already held one or two meetings, and as a result of one of the conferences, the Duke Hospital authorities arranged the school for technicians.

This movement to study and make available all of the most modern facilities for the treatment of this terrible disease which causes so many deaths in the prime of life is one of the most significant efforts which the State Board of Health has sponsored in a long time. It is understood at present that the results from the proper serum when used immediately and in sufficient quantity is very satisfactory. Just two things are required for the serum treatment to extend full protection to the people. These two things are, first, people must send for a competent physician just as soon as a patient is stricken. It will not do to wait three or four days until the patient is in an extreme condition before sending for the doctor. It will not do to waste valuable

time messing with various "drops" and "salves" in the hope that the patient has only a bad cold and will soon be better. The physician must be sent for immediately. The second thing, is that when the physician is called, that he respond promptly, that he immediately procure the necessary specimen of the patient's sputum, and have the disease typed at once. Then following that must be immediate administration of the serum, which must be a fresh and potent product.

People living in the country districts considerable distance from the cities or towns, or even the nearest physician, must bear these things in mind and lose no time in procuring a competent physician once pneumonia is even suspected.

This is only one instance of the important work that the State Board of Health is carrying on over a wide front at this time which will eventually be of a great deal of benefit to all the people of the State.

"NERVOUS PEOPLE"

I know a family in which the adults are all exceedingly nervous and high strung. Recently I saw in the second generation of the family the perfect illustration of the reason for the nervousness of the older members of the family. I was invited to the home for the evening. The little grandchild, four years old, was there on a visit. The aunt remarked that little Jane wasn't taking her nap now in the afternoon, "because she is on a vacation now." Other company called during the evening and the child was petted and given attention. At ten o'clock the little four year old was still up, having had no nap, and she was so completely exhausted and nervous that she was almost quivering. Of course she cried when finally carried to bed. Instead of making

the most of a bad situation, soothing the child and quieting her as best she could, the grandmother got a switch and whipped the child for crying. If the grandchild was treated that way it is a safe bet that the children were treated in a comparable manner. Yet people sometimes remark "I wonder what makes all the Jones family so nervous and high-strung."—Contributed.

Telltale Fingerprints

According to the fingerprint records of the Federal Bureau of Investigation at Washington, more than 250,000 arrests were made for state and local offenses, crimes and violations in the first six months of 1937, and 20 per cent of these were of youths under voting age. Of these arrests, 41,043 were for drunkenness, with 627 for 19 year-olds; 10,599 were for driving while intoxicated, with 498 under 21 years, and 4,807 were for violating liquor laws, 84 of which were under 18 years. Another report showed that in New York State drunken drivers had increased ten times as fast as the use of automobiles on the highways and streets. While the number of cars increased only 5 per cent, the drunken driving rate went up 56 per cent in a single year. Connecticut's accidents by alcoholic operators jumped 288 per cent in one year. Cleveland's coroner reported that 45 per cent of all of the city's fatal accidents in which motorists or pedestrians were involved showed alcohol as a factor.

J. Edgar Hoover says: "Over 700,000 mothers in the United States mourn the fact that their boys and girls, all under voting age, either are or have been in jail, in reformatories, in prisons, or have met death in the electric chair or by the hangman's rope."

Hope for Hard of Hearing Children

By MARGARET M. THOMPSON

THE sick babies, the crippled children, those who can't see, have all been getting their share of attention from the State Board of Health and other state supported agencies, and now the State Board is going to give the hard of hearing children their chance for a happy and useful life, too. The Board has purchased an audiometer for measuring the hearing of children and with it they plan to make an extensive survey of the hearing of school children in North Carolina.

It has been found, through the work of this nature that has been carried on in a great many cities of this country, that an average of five percent of all school children have a hearing loss of nine percent or more in one or both ears. Sometimes the loss is not very serious when found, but if the cause of it is not corrected, that slight hearing loss can grow great enough to be a tremendous handicap when the child grows up. The late Dr. F. W. Bock of Rochester, N. Y., was one of the first men in this country to interest himself in the deafened child to the extent of doing something about it. In 1916 he started a piece of work for them in Rochester which could be a model and an inspiration to every city in the United States. At that time he started a systematic search for children who did not have normal hearing, which now covers the entire city school system of Rochester. He examined those found with impaired hearing, always with the parent's consent, to find, if possible, the cause of the deafness. Hardened wax, beans, popcorn, buttons, almost any small object in the ear (Dr. Bock said

once, "we find everything in the children's ears except flivvers"), infected tonsils or teeth, chronic colds, running ears, abscesses, all these are among the more common causes of deafness. Still with the parents' consent, Dr. Bock and his staff gave whatever attention might be needed. They have found in Rochester, from many years of experience, that a large majority of cases of deafness in children can be cleared up entirely or in large part by simple medical or surgical means.

Testing is now done with the audiometer, a machine like a phonograph, except that the sound travels to headsets instead of coming out of a sound box. For many years routine health inspections in schools have included "Watch and Whisper" tests for children's hearing, but they are neither uniform nor accurate and are not fine enough to find hearing impairments until they may have progressed too far to be corrected.

The saving in dollars and cents of this procedure has been clearly demonstrated, too, not only in Rochester, where the pioneer work has been done but in the many other cities of the country where this work is carried on. To do it well means an initial expenditure of about \$500 for the audiometer, plus provision of means for giving the necessary attention to those children who cannot afford the services of a private physician or specialist but that is soon paid for in the cutting down of the number of children who because of deafness have had to repeat grades in school. It costs any school system a definite amount of money to put a child through a term of school and

if that child has to repeat a grade due to some remediable physical defect, that repetition unnecessarily costs the school system for an extra year of schooling for that child. In Rochester 221 deafened children repeated grades 441 times, costing the city \$22,460. Some cities that have made surveys have found that deafened children repeat grades about twice as often as those with normal hearing. What the cost to the state may be in future years for those hard of hearing children who grow into deafened adults unable to earn a living because of their handicap and who are therefore dependent on public supported charity for a living, is problematical.

That is cost in terms that everyone can understand. The human cost is even greater. We are sociable beings, and deafness, more than any other one affliction, cuts us off from our fellow beings, makes us lonesome, and we all know that loneliness can be one of the worst of afflictions. It is generally agreed that to be blind is a greater handicap but it is also known by those who have observed both hard of hearing people and blind people, that the former suffer much more from depression, self-pity, and other destroyers of happiness, than do the blind. Speaking as one who has been through that unhappiness, and from which few emerge, I can say without exaggeration that any investment in time and money that will prevent even one child from experiencing that unhappiness, cannot be too great.

Finding the deafened child is only the first step. He needs immediate and thorough examination by a physician or a specialist, a private one if financially possible, and whatever measures may be needed to correct the cause of his deafness. For those

whose loss of hearing has progressed to the extent of its being a handicap in everyday life, or for whom no medical or surgical help can repair the damage done, or prevent it from becoming worse, lip reading instruction should be given in the public schools.

Many problems grow out of the deafness of the little child. Neither he nor his parents or teachers may realize that he is deafened but because he can't hear well, he may miss a great part of what is said in school, may get twisted that which he does partly hear, may appear stupid, or be a "problem child." A first grade teacher said to me recently of a little boy in her room whom she knows to be hard of hearing, "I don't *think* he is stupid," and my reply was, "Of course, he probably isn't stupid, but he just can't hear, and I know from experience that when I can't hear I act stupid, and feel stupid and I probably look stupid, too." Because they can't join in play and feel themselves one of the group, they may retire into a book or day dreams, or solitary play, or try to compensate for lack of social satisfaction by becoming bullies or show-offs, or indulging in other behavior that makes them undesirable members of society. They suffer from social starvation and another name for that is loneliness.

For the past several years I have kept informed as to the work being done and from the trend of the past few years, even during the depression, I feel safe in predicting that it is only a matter of time until a complete plan of hearing conservation will be a part of the health program of every public school system in the country, and will be as much a matter of course as sanitary drinking fountains are today.

TREATMENT VERSUS PREVENTION

By MRS. J. HENRY HIGHSMITH

Recently there was dedicated in Jersey City a county tuberculosis hospital of skyscraper proportions. It is twenty-five stories high, approximately 300 feet, and was built at a cost of \$3,000,000, secured from the WPA. When it is furnished and equipped at a cost of \$750,000 more, it will have a capacity for between 500 and 600 tuberculosis patients, and it will be the finest county - owned tuberculosis hospital in the country. Into it will go every modern facility that is available to any hospital. There will be in addition to the most up-to-date clinical, diagnostic and treatment facilities such features as an auditorium for lectures and entertainment of the patients, a swimming pool, a Roman Catholic chapel with stained glass windows, bronze and marble trimmed halls, a modern dental department and an ear, nose and throat division.

In the erection of this institution, according to the dedication issue of the Jersey Journal, the mayor of the city "has advanced a step nearer his ambition to give the residents of Jersey City and Hudson County one of the finest and most complete medical centers in the new world."

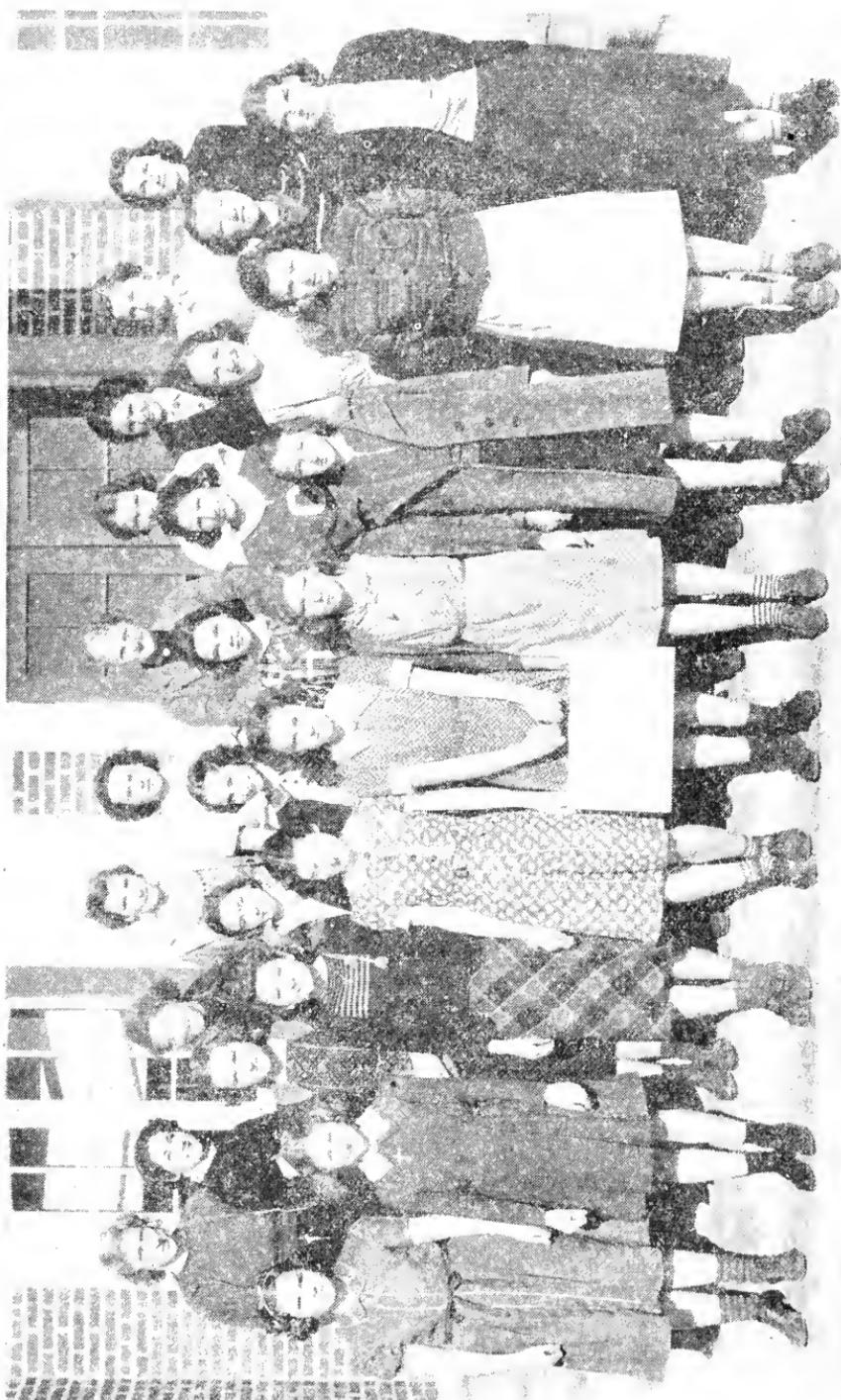
We quote again from one of the dedicatory speeches recorded in the Jersey Journal: "This magnificent new hospital unit, one of the finest and best equipped of its kind in the country, is surely a splendid addition to Jersey City's great Medical Center of which we are all so proud. No more humane work could be done, or is being done, than caring for the thousands who fall victim to what is commonly called the "white plague," and this new buildng, with its staff of doctors and nurses, is destined to bring still further renown to the al-

ready famous names of Jersey City and Hudson County, for the work achieved here in the tuberculosis field."

Could it be that in this modern, grand way that the mayor of Jersey City has chosen to meet the tuberculosis needs of his people, every feature of which is fine, that one of the most modern and effective measures has been disregarded? What about preventing tuberculosis and saving the 600 young lives from falling victims to the Great White Plague, making their treatment unnecessary? Nothing was said in any of the speeches or reports carried in the 36 page dedication issue of the Jersey Journal concerning any program of prevention, such as better housing, more and better food, better living conditions, shorter work hours, adequate pay, safe and sanitary conditions in which to work as well as to live, more recreational facilities and a better all round chance to avoid the misfortune of becoming an invalid with tuberculosis. Hudson County may be carrying on an adequate preventive program of this kind. If so, well and good. The point we wish to make is that adequate hospitalization is only one of the essentials in a well-balanced tuberculosis control program.

Treatment of the victims of the Great White Plague is humane, but more humane, more compassionate, more rational, and more economical is it to prevent boys and girls, men and women, from becoming White Plague victims.

There may be a place and a need now in Jersey City's health program for a great skyscraper tuberculosis hospital, but let us hope that it will not be ever thus, and that its policy will be to serve more as part of the fence on top of the cliff rather than as the ambulance down in the valley.



Present and Prospective First Aiders at Clemmons School, Clemmons, N. C.

First Aiders Valuable Help at Clemmons

Trained Students Ready to Assist Nurse in Duties

By THEODORE RONDTHALER, Principal

STUDENT first aiders working in cooperation with the regular school nurse have now become such an established feature of our daily routine at Clemmons that it is hard to recall how we formerly managed without them. I believe that it was five years ago when the county board of health first offered a course in American Red Cross first aid to any high school pupil who wished to take it. This class, which may be taken as typical of all our subsequent work, met twice a week for about eight weeks and proved very popular, producing about twenty of our own pupils trained in accident prevention and first aid to the injured, filled with enthusiasm, furnished with certificates, and eager for someone to aid.

Some one to aid was not far to seek: We simply turned over to these students, and have continued to turn over to them, all school and playground first aid work not handled by the county nurse on her regular visits, and in this they found ample outlet for their energies. Each "first aider" serves for one week, is on duty at all recesses, during one specified period in the morning, and at any other times when called in emergency. A schedule of the first aider's whereabouts during the day is prominently posted, so as to make possible a quick contact in case of urgent need. The system has worked smoothly from the start and has never needed material change.

What had been the altogether informal, and—shall I confess—frequently inept help given by teachers, principal, and sympathetic fellow

students, now became the formal trained, and matter of fact help of our corps of first aiders. Several vexing little problems vanished at the same time, such as the securing of economy in the use of bandages, iodine, and other supplies. The time worn question just where the key to the nurse's closet might be found at any given instant disappeared, along with the uncertainty whether at some crucial moment the adhesive tape might not be altogether lacking, having been used perhaps to aid in ailing window pane or basket ball.

It is a source of constant amazement to me how few major injuries occur on school playgrounds, in view of the innumerable petty injuries that do occur. Checking back through our files for two years during which our student first aiders have been in service I find we have had on Clemmons School playground only two major injuries, one a broken arm, the other a fall resulting in temporary unconsciousness. But checking back only a half year (four school months), I find an astonishingly long list of petty ailments our young first aiders have treated: Scratches and infections, 176; cuts, 58; sprains, 33; burns (brought from home), 37; headaches, 22; bumps, 5; others, including sore throats, toothaches, splinters, run-arounds, boils, and what not else, 75. Total cases treated since September, 1937: 403. All these our first aiders have handled cheerfully, speedily, and with reasonable skill.

We are just preparing to give our newest class of first aiders their apprenticeship, which consists for each

of them of an eight weeks' course, followed by one day's service under the guidance of one of last year's aiders. Thus the organization (pictured elsewhere in this issue) feeds itself, and if our hopes are realized, will continue to do so as long as children on school playgrounds fall down, skin knees, bark knuckles, bump heads, stub toes, and in general make abrupt contact with Mother Earth.

BOOK REVIEW

EMOTIONAL HYGIENE

The Art of Understanding

By CAMILLA M. ANDERSON, M. D.

J. B. Lippincott Company, Publishers, Philadelphia. \$2.00.

This book, written by a woman doctor primarily for student nurses, is intelligible and interesting to the general reader, and it is recommended to those who wish to know some sound psychology, which will lead to a better understanding of themselves and their associates and co-workers. The author illustrates each of her points with a case history, in several cases taken from her personal experience. She begins with the embryo and traces the emotional reactions of human beings through every age, with special emphasis on the dangers of never becoming adult in one's reactions. "When intellect and body are both normal two of the factors for making living satisfactory are present. A third factor, which is necessary, is fullness of emotional development." "Nothing can happen to the body which does not leave some representation in the psyche." One could hardly read this book without gaining a deeper self knowledge and that fellow feeling that makes us wondrous kind.

NOT SAFE TO WAIT IF IT'S APPENDICITIS

A recent study made of appendicitis in children by the Pediatrics and Surgery Departments of the New York Post-Graduate Medical School and Hospital, and involving cases of 362 children over a period of nine years, found that the death rate from appendicitis in children is still high when the operation is performed during the acute stage, but when it is performed during the formative or so-called chronic stage, it is nil. The death rate was found to range from 0 for operations performed in the formative stage to .35 for those performed after peritonitis had set in.

Among other salient facts found were: 1. It is not safe to wait for acute symptoms to develop before operating; that peritonitis can spread within eight hours after the first symptoms of the present attack.

2. That the mortality in acute cases of appendicitis runs from 5 to 7 per cent, and that to reduce this rate there must be means for finding sufficient evidence of pathology to justify the removal of the appendix before the onset of an acute attack.

3. That there has been little decrease in the general practice of giving children cathartics when they are first taken ill, before consulting a physician.

4. That more education is needed that the public, and parents in particular, may know the danger of waiting for definite symptoms to appear before consenting to an operation, as well as the danger of giving cathartics for every pain in the stomach.

First Aid for the Home

Selections for Medicine Chest Should Be Carefully Made and Cautiously Used

By ROY NORTON, M.D.

Assistant Director, Division of Preventive Medicine, State Board of Health

THE following list includes some suggestions for the regular contents of a home first aid and medicine cabinet:

2 oz. Tincture Iodine, mild (3½%)
Rubber-stoppered bottles or ampules. Do not use tight unventilated bandage after application. If evaporation from bottle is possible, concentration will take place.

2 oz. Aromatic Spirit of Ammonia
Pint Rubbing Alcohol—70% strength
1 lb. Epsom Salts—for external use only

Sterile Tube 5% greaseless Tannic Acid Jelly—(Ointment for burns)

2 oz. 4% Boric acid solution

Splinter forceps

Scissors (small, blunt pointed)

Tourniquet—never applied continuously longer than twenty minutes

Two triangular bandages

Three each—1 inch and 2 inch roller bandages

Dozen 1 inch sterilized compresses on adhesive

3 ½ oz. packages of sterilized absorbent cotton or cotton "picker" package

Six 3 in. sterile gauze compresses

Light thin board splints (assorted sizes) for fractures

Wooden applicators wound with cotton

Wooden tongue depressors

In any consideration of first aid it should be remembered that prevention is the primary aim. The exercise of intelligent forethought is more important than all the available first aid medications and procedures. In

practically every accident, with the exception of those coming under the classification of "by an act of God," such as lightning, hurricane, tornado, or blizzard, there has been some carelessness, negligence, lack of forethought, or downright criminal recklessness. A surprising number of serious accidents could be prevented by simple courtesy or good manners. Analyze a few accidents and near-accidents and test the truth of this statement. Children should be taught not to point the muzzle of even toy or air guns at anyone.

The above list of materials is given with the full realization that probably no two physicians will agree completely on the importance of articles to be included on any list. Its very brevity and seeming inadequacy are intended to emphasize the far greater importance of prevention and the prompt calling in of competent medical supervision. First aid treatment is temporary. Its prompt application will prevent many infections. The care of an infected injury is medical and not first aid treatment. Knowing principles is much more important than any type of prepared equipment.

The giving of good elementary courses in first aid and in home hygiene and care of the sick to every boy and girl in the seventh or eighth grade in public school would be the means of saving much suffering and many deaths. I was called into a home where a woman had received a

cut that severed a medium sized artery. The frightened family were throwing soot into the wound. Simple pressure toward the heart from the cut stopped the bleeding that might soon have proved fatal. All of us know instances of drowning persons being brought out of the water rather promptly and then failing to recover because no one around at the time knew first aid. Everyone should know pressure points to stop arterial or venous bleeding and the best methods of giving artificial respiration. Many simple arm, leg or spine fractures have been converted into fatal injuries by improper handling in transportation to a doctor or hospital. No knowledge of mathematics, Latin, history or English can make up for such fatal ignorance—especially if the person bleeding to death, drowning, or getting a transportation injury happens to be one's mother, father, sister, brother, son or daughter. The thin board splints, triangular bandages and roller bandages can be used to prevent the fatal conversion of a simple into a compound fracture.

Tincture of iodine is no better than some of the other antiseptics. Merthiolate, mercurochrome, and others are probably equally good. In simple cuts and scratches the raw surfaces and one half to an inch around should be painted. Then after allowing to dry, apply a thin sterile covering that is not airtight. Iodine is a poison and it, along with any other poison temporarily in the house while being prescribed by a physician, should have pins stuck around the stopper to give further warning when the container is opened.

Passing the aromatic spirit of ammonia bottle under the nose tends to cause revival from a fainting attack and it may also be used in this way

or internally (half teaspoonful in a half glass of water) as a preventive.

Sterile tannic acid jelly or other fresh preparation of 5% tannic acid constitutes the best first aid treatment for burns. Oils and greases are contraindicated. Baking soda is an acceptable substitute. A large or deep burn should always be treated by a physician.

Note that no drug intended for use as a laxative is included. Epsom salts (50% in boiled water solution) is useful in compresses to prevent or control wound infection. Castor oil and epsom salts should never be used internally except on advice of a competent physician, after careful examination. All cathartics and laxative drugs are irritating, eventually constipating and highly dangerous. None of them should be taken internally except on advice of a competent physician. An analysis of appendicitis in Philadelphia demonstrated the fact that a considerable number of doctors fail to give proper warning against the misuse of laxatives and some even carelessly prescribe them. It is criminal negligence to prescribe or give a cathartic in an attack of appendicitis, and remember that the early pain of appendicitis does not usually begin in the right side. An outfit for giving enemas should be available. Care should be used to avoid too frequent use or holding the bag too high and thus exerting dangerous pressure in the lower intestine.

Some would include in the medicine chest argyrol, witch hazel, some form of liniment, or counter-irritant plaster, bichloride of mercury tablets and other medicaments. A fresh four per cent solution of boric acid makes a satisfactory eye-drop preparation. The value of plasters and poultices has probably been considerably exag-

gerated, just as the "freezing treatment" of such ailments as appendicitis has been. Great care should be exercised in the use of drugs containing silver or mercury. Some would include an antacid and a headache remedy but the radio and newspaper advertising of these along with laxatives have been so misleading and dangerous that about the only way to avoid the dangers of their promiscuous use is to limit the advising of them to physicians.

Certain drugs are useful—even life-saving—at times. Only a competent physician knows when, how much and how long such drugs should be taken by each individual needing them. Entirely too many people take potent drugs of which they know little or nothing. We would not put just any kind of preparation into a good watch or car or even into a valuable cow or horse just because someone, probably more ig-

norant than we, recommends it. We take such unknown preparations ourselves though, and give them to our little children. Many people are rapidly becoming overdrugged while others fail to receive proper, prompt and adequate treatment.

For this home medicine and first aid cabinet only those things that are safe for general use in the way suggested have been included. Dr. Charles Solomon, in his book, "Traffic in Health," has appropriately summarized four general rules regarding home remedies:

"But home remedies should not be habit-forming; they should not contain dangerous drugs; they should not be used or recommended in serious diseases; and they should not be proprietaries of secret composition."

I should like to add that they should not be used promiscuously without regard to their need, or without regard to dosage or duration of their use.

Don't Drink Water Just Because It Looks Good

By M. F. TRICE

A strange fact of nature is that fresh, clear, sparkling water may contain millions of disease germs; while turbid, colored water may not contain any disease germs at all. Usually the clear sparkling water is most likely to contain fewer germs, but freshness and an attractive appearance do not guarantee that it is safe to drink. The purity of water is dependent upon many factors, some of which are: the kind of substance over which the water has flowed, the material through which it has seeped, and the things that have been dipped or which have fallen into it.

A stream may be crystal clear,

have a sand and gravel bed, clean banks, and be so attractive as to invite all who come along to pause and drink deeply. Not far above, however, it may have flowed across a road, through a pasture, a hog lot, or seeped through a pile of rubbish. Around the bend a decaying carcass may be half submerged in it, or some passing hunter may have defiled the water. It is possible for any one, or all, of such sources to contribute pollution to a stream and yet leave no visible evidence that the water is unfit to drink. *It is always dangerous to drink water directly from a stream. Don't gamble on the water*

being undefiled—your life may be the forfeit for taking such a chance.

It is a common fallacy that all spring water is pure and good to drink. Spring water was originally rain which seeped down into the ground to a sandy layer of soil. Where the water in such a layer of sand flows out of the ground a spring is formed. Usually a spring occurs near the foot of a hill, and some of the water that flows down the hill-side runs into the spring. Whenever there are indications about a spring to indicate that people visit it occasionally, there is always the possibility that someone has defiled the ground nearby. Filth on the ground above a spring may be washed into it with every hard rain. Even though the ground around and above a spring may be clean, the water may be polluted under ground. The water bearing layer of sand may pass through a family burying ground, or just under a privy pit. *Spring water is not always pure water.*

Certain safeguards may be provided which will practically eliminate local pollution of a spring. The spring basin should be enclosed in masonry with water-tight joints or with concrete to prevent objects from falling or vessels from being dipped into the water. An iron or terra cotta pipe should be provided through which the water may flow from the basin. On the hillside above the spring ditches should be dug to divert surface water around and away from the spring.

Many serious cases of sickness have been traced to well water. Since a well is only a deep seated spring, the water may be polluted underground in the manner indicated above. Pollution, however, usually enters the top of the well. An open windlass box allows all manner of dust to be blown in; a loose plank

platform collects filth from shoes and animals, which is washed into the well everytime it rains or whenever water is spilled. In addition, dirty hands convey germs to the well bucket and chain, from which they are washed off into the water. Filth on top of the ground may be washed into the well through a leaking casing.

Pollution from the surface may be prevented from getting into a well. A tight terra cotta pipe or masonry casing, a concrete top, and a force pump will practically eliminate the danger of pollution from the top of the ground. A pitcher pump is not satisfactory since the spout may collect germs. A drain pipe is needed and should be provided to carry the waste water away from the well.

Before drinking water away from home, examine a well or spring and its surroundings and remember that it is better to go thirsty than to run the risk of infection.

NEVER! NEVER!

For fatal accidents the home has been found second only to automobiles. Injuries in the home take a greater toll of life than accidents on the streets, in the water or throughout all industry. Yet all home accidents can be prevented. Therefore,

Never, never

Use chairs or tables for step ladders. Fail to anchor small rugs on slippery floors.

Smoke in bed.

Go to sleep with electric heating pad turned on.

Leave electric or gas heater on all night.

Place toys, brooms, waste baskets or rubbish on stairs, even for a short while.

Do any kind of dry cleaning inside the house.

Start a fire with kerosene or gasoline. Leave tubs or pails of water on floor where a child may fall in.

Put ashes in anything but metal containers.

Don't Let Filthy Habits Make You An Ally of Death

By M. F. TRICE, *Engineer*, Div. of Industrial Hygiene

THE careless soiling of the ground may be as criminal as putting poison into a person's food. Indeed, typhoid fever, dysentery (summer complaint), diarrhoea, and colitis exist mainly because the germs of these diseases are carried direct from human refuse to our food. While a careless person suffering from any of these ailments may not usually put the germs from his body discharges into his neighbor's, or his family's food, the ever present flies will do the job by their ceaseless migration between piles of filth and the home.

Each year hookworm claims new victims because human filth is not disposed of safely. These tiny mites of life establish themselves in the intestinal tract of man, where they multiply so prodigiously that within a few months after a person is infested literally millions of them have been created. These worms line the walls of the intestine and not only prevent the usual assimilation of food by the body, but dig deeply enough into the tissues to reach the blood stream. Thus, they lay siege to the body by simultaneously partially shutting off the food supply and consuming, in the form of blood, the food that has been assimilated. Hookworm victims, therefore, are often anemic, listless, sometimes trifling, and always more susceptible to other diseases because of their weakened condition.

All human filth is potentially dangerous. Oddly enough, some folks that are in good health harbor the germs of the diseases just mentioned without serious consequences. Such

people are known as carriers. Sometimes a person may be in such good health when infested with hookworms that the presence of hookworms does not become acutely evident. Therefore, because people in apparent good health, as well as those who are weakly and sickly, may carry disease germs, all human filth is considered a menace to health until it is disposed of safely.

The filth diseases are spread in many ways. Human refuse may be washed into a spring. Animals may carry it upon their feet to the ground about the well, or may deposit it upon the well platform. In some instances surface water from the premises about a well finds its way into the family water supply every time it rains. Water spilled upon the platform frequently drains back into the well. Flies which originate in filth are ever present carriers of death. Hookworms get into the body through drinking water and by boring through the flesh of the feet into the blood stream. The hookworms will survive in rich soil long after visible evidence of human pollution has disappeared. A child walking barefoot over soiled ground may pick up hookworms. The boring of these parasites into the skin frequently results in the development of skin lesions that are diagnosed as "ground itch."

Don't permit the health of your family and the community to be undermined by careless habits. Build a modern sanitary privy or, better, install a septic tank. The State Board of Health or your County Health Department will provide plans and help you to obtain such an essential health safeguard.

Public Health Exhibits

THE spacious first floor corridors of the State Health Building in Raleigh are being utilized for the first time to present the activities of the State Board of Health. An attractive array of exhibit cases and glass enclosed bulletin boards have been installed. An exhibit case for each of the eight major divisions of the State Board of Health is provided and, in addition, separate cases set up for such specialized divisional work as the control of malaria, tularemia, Rocky Mountain Spotted Fever, pellagra, and for presenting the essential supplies needed for rendering first-aid in the home.

Flanking the entrance foyer on the right is a case in which there are displayed splendid imitations of a few representative foods that contain the Pellagra Preventive Factor, while on the left is a first-aid, or emergency treatment cabinet. The entrance corridor proper presents a battery of exhibit cases along the left wall and a series of glass enclosed bulletin boards on the right. The same arrangement is followed in the main corridor, where exhibit cases are ranged along the back wall and bulletin boards and framed messages on the opposite one.

While none of the cases and bulletin boards have been filled, the material that has been set up is attracting attention. Numerous visitors to the Health Building in recent weeks have been seen studying the exhibits. The interest shown in the exhibits to date indicates that the "museum" is a grand medium through which to broadcast the gospel of public health.

The exhibits provide an avenue of publicity that may be utilized to advantage by every city, county, and district health department in the state. The cost of exhibits of this character need not be excessive. The cases and bulletin boards in the State Health Building were made in a local workshop of the National Youth Administration. The State Board of Health provided the plans and the material, and the N. Y. A. built the displays as a work project without labor cost to the Health Department. The N. Y. A. will build on the same basis similar cases, or furniture, for any governmental unit. There are N. Y. A. workshops in Elizabeth City, Raleigh, Fayetteville, Sylva, Brevard, Asheville, and Wilkesboro. For information relative to N. Y. A. work projects write Mr. P. S. Randolph, Work Project Supervisor, National Youth Administration, Raleigh.



Entrance Corridor in Health Building Showing Exhibit Cases and Bulletin Boards



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

APRIL, 1938

No. 4



FOSTER MOTHERS TO MANKIND

The dairy industry in North Carolina has been brought to such a high state of efficiency and sanitation that Grade A milk can now be purchased in every city and most towns of consequence in North Carolina. Despite this splendid situation, there should be a greater consumption of milk in the state.

Milk is our most complete food.—Photo by McManigal, Courtesy Kauffmann-Fabry Co., Chicago.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
Diphtheria	Malaria	Typhoid Fever
Don't Spit Placards	Measles	Typhoid Placards
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Flies	Residential Sewage	Vitamins
Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months:
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives
Infant Care. The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Notes and Comment	Page 3
A Study of National Health and Social Agencies	Page 5
Things All Should Know to Prevent Deaths from Appendicitis	Page 6
Best Health Security Is Home Sanitation	Page 8
If Shoe Tongues Could Talk	Page 10
To Avoid Appendicitis Deaths the Public Must Know What to Do Before the Doctor Arrives	Page 12
Rigid Milk Inspection Is Your Protection	Page 14

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Notes and Comment

By THE EDITOR

DURING the short month of February, 525 individual citizens of North Carolina wrote to the State Board of Health asking that their names be placed on the mailing list so that they might receive a copy of the Health Bulletin every month. This publication is now going along well into its 53rd year. Any citizen of North Carolina is entitled to receive it free of charge, one copy to a family, if such citizen wants it. No copy is ever sent to anyone except by request, either direct from the person who is to receive it, or from a friend. Since the first of July, the circulation has increased from 37,000 copies a month to 44,000. We have made no special effort at any time to induce people to subscribe to and read this publication. It runs on its own power. In a recent revision of postal routes and a complete rearranging of the mailing list, it was discovered that there are about 1500 Post Offices in North Carolina and that the Health Bulletin has one or more subscribers in every one of these Post Offices except 153. About the same ratio applies for all the rural free delivery mail routes.

For more than fifteen years, the present Editor of the Health Bulletin has made it his business to see that in every issue there is at least one article which provides definite and specific information on some subject of direct concern to the people of this State. The effort has been made con-

stantly throughout all these years to present the subject matter in such an article in a way that if applied by the people would result in the prevention of a great deal of sickness and suffering and the saving of many useful lives.

In this issue, we are presenting as the leading article a discussion of the subject of appendicitis by a master in that field, Dr. Hubert A. Royster, for more than forty years a successful surgeon in Raleigh and a specialist in the matter of appendicitis. Dr. Royster has written a book, and a large number of special articles in various publications on this subject. Many of his contributions have been widely quoted throughout the United States. Some years ago, Dr. Royster was induced by Dr. Clarence Poe, Editor of the *Progressive Farmer*, to publish a similar article in that important publication. This was widely read throughout the south and undoubtedly many lives were saved as a result of the publication of that article.

The Editor of the Health Bulletin feels that in presenting this subject in such detail to the people, that he is acknowledging the fact that appendicitis is a public health problem somewhat similar in character to the prevention of tuberculosis and typhoid fever. Too many people have the idea that operations for appendicitis are frequently unnecessary. This idea is strictly erroneous. While,

of course, a large percentage of the population go through life and suffer no ill consequences without thought of operation or necessity for it, there is another large group of people whose lives are more or less in jeopardy from the susceptibility of attacks of appendicitis, and in all such cases the only sensible thing to do is an operation at the proper time by a competent surgeon in a clean, modern hospital.

As Dr. Royster points out in his paper, which we hope every reader of the Health Bulletin will read and file for future reference, the particular thing that causes more deaths from appendicitis than anything else is the delay to call a doctor, the use of purgatives, and the failure to take prompt action on the first appearance of symptoms of this disease. Dr. Royster treats a little more freely the matter of symptoms which our readers will note is a rather unusual departure for this publication. We have never published symptoms of any condition when it could be avoided, on account of the danger of unnecessarily alarming people when there is no basis in fact for alarm. In this case, however, if lives are to be saved and prompt action is to be taken by the section of the public most in need of such service, a little knowledge of the cardinal symptoms of appendicitis is necessary if for no other reason than to warn people to abstain from the use of purgatives unless prescribed by a competent physician. The title of Dr. Royster's article is "Things All Should Know To Prevent Death From Appendicitis."

* * * *

Miss Pauline Smith of the North Carolina State College Extension Service engaged in home demonstration work for so many years in the northeastern district of this State,

has accepted the chairmanship for North Carolina for a movement designated as Better Homes in America. This year, the week from April 24 to the 30th has been designated Better Homes Week. Miss Smith has requested our cooperation, which we are glad to extend. Elsewhere in this issue under the title of "Best Health Security Is Home Sanitation," Mrs. Highsmith has discussed some of the intimate details about home sanitation which only a woman can properly write about.

The idea is, particularly in the spring of the year, clean up, paint up, and, as Miss Smith puts it, pick up inside the home and outside, an old practice with many people. The State Board of Health has always encouraged these activities as a year around enterprise. It is worth a great deal, however, to place particular emphasis on such things occasionally. The interest of the State Board of Health in such matters is largely because of the relationship of health to better homes. People engaged in the work of tuberculosis prevention, for example, have always recognized the fact that tuberculosis is more likely to be found in homes that are crowded, ill kept and sordid, especially in those where ventilation is poor and sunlight seldom ever permeates, than is otherwise the case. Sunlight, intensive, hot, direct sunshine is one of the greatest germicidal agents in the world. Naturally, if a home is closed up, if it has not sufficient windows or doors, dirt and trash are allowed to accumulate inside and out, sunlight has no opportunity to permeate such places. Again, if dirt and filth of every description is allowed to accumulate in the house and on the premises, it makes fine breeding ground for certain types of bacteria. An illustration of this is that now and then some child steps on an

old rusty nail sticking out through an old decaying plank, (such trash sometimes is allowed to pile up around premises), and as a result becomes infected with the germs of tetanus and dies a horrible death.

A clean State, clean people, morally and physically, clean and comfortable living quarters, not necessarily expensive, and careful compliance with the simple rules of living would be the means of promoting health and happiness and saving many useful lives.

A Study of National Health and Social Agencies

By THE RUSSELL SAGE FOUNDATION

A steadily mounting interest on the part of health workers in interpretation and health education finds practical expression in the announcement of a study of current positions in interpretation and public relations in health and social agencies in the United States. Undertaken at the request of the Social Work Publicity Council, the study will be carried on by the Department of Social Work Interpretation of the Russell Sage Foundation. Both public and private agencies will be included.

The present study will attempt to learn the number of positions in interpretation and public relations and their distribution geographically and by fields of work; the responsibilities and duties of workers; the preparation required and the salaries paid.

The first step in the survey will be a census of positions. Location of the positions to be studied is already under way through a country-wide census to be made by means of a simple questionnaire, distributed with the cooperation of a group of national agencies whose affiliated membership

includes 10,000 local organizations.

An examination of the various positions revealed by this preliminary inquiry will form the second section of the study. This will consist of an intensive analysis of training and experience in relation to salary range, agency program requirements and other factors affecting the status of the individual worker in the particular job.

Other units will be an appraisal of community needs for interpretation and public relations services and an evaluation of available training opportunities in relation to present and future personnel requirements. This final section will include a listing of available courses in schools of public health and schools of social work and in other professional schools by means of which the worker may secure the background knowledge and technical skills necessary to equip him for a high standard of performance.

The study as a whole will be continued throughout 1938, but it is hoped that a preliminary report of the census of positions can be presented in June at the annual business meeting of the Social Work Publicity Council in Seattle.

HEALTH INSTITUTES

The State Department of Public Instruction is cooperating with the State Board of Health in providing a series of Institutes on Health from March 10 to April 29. The purpose of these Institutes is the stimulation and promotion of health in all public elementary schools and high schools. The Institutes have been planned, therefore, for all public school teachers.

A physician and nurse represent the State Board of Health, and a nutritionist from the State College Extension Service, together with a representative of the State Department of Public Instruction complete the staff.

Things All Should Know to Prevent Deaths From Appendicitis

By HUBERT A. ROYSTER, A.B., M.D., Sc.D., F.A.C.S., Raleigh, N. C.

I HAVE been asked three important questions about appendicitis. Before taking up these questions, I wish to emphasize two or three facts about appendicitis that everyone ought to know and know in time.

1. The most important thing to keep in mind concerning appendicitis is that the attack is not the disease, but only the knock at the door. The disease has already existed before the attack comes and is frequently not recognized until the supposedly sudden onset arrives. When this occurs a careful investigation will usually reveal former spells of so-called "acute indigestion," "ptomaine poisoning," "colic," and the like. In most cases these were undoubtedly disturbances of the appendix, and Nature was sounding the alarm which went unheeded. Be not deceived: Nature rarely fails to give warning, but so often we do not read the signs at the crossroads.

2. There is no such disease as "acute indigestion"; it is only a symptom seen chiefly in acute appendicitis, gall-stones, stomach ulcer, and other conditions. Colics which last an hour or more are always suggestive of the above diseases, and the commonest of these is appendicitis. Too much stress must not be placed upon indiscretion in diet as a cause of persistent pain, because so many times imprudent eating fails to bring on digestive distress and just as often serious trouble comes when no improper eating is indulged in. It is not wise to conclude that pain in the abdomen is due to something that has been eaten, for deeper trouble may be developing unawares.

3. Also it may be securely asserted that once appendicitis, always appendicitis. Only about 2 per cent of individuals escape further trouble if a definite attack has occurred. Even the mild and often unnoticed spells are apt to increase in severity and go on either to rupture and gangrene or to a chronic state, with painful adhesions and general failure in health.

I shall now answer in order the questions which have been asked.

I.

What are the symptoms of appendicitis in its incipient and acute forms?

The usual symptoms of acute appendicitis in order of their occurrence are: (1) pain, (2) nausea and vomiting, (3) tenderness, (4) rigid muscles, (5) slight fever and (6) a high percentage of white cells in the blood.

These are called the cardinal symptoms, but they need not all be present to make a diagnosis; in fact, if we wait for the complete signs to develop, the case may be so far advanced as to result fatally. With three of these symptoms existent a diagnosis should be made; these are (1) pain, (2) tenderness, and (3) rigid muscles.

First and foremost is pain. It begins, not over the appendix (which is situated in the lower right side), but in the pit of the stomach, around the navel or even in the left side of the abdomen. The sufferer thinks he has "the colic." After a time varying from 3 to 20 hours, the pain gradually works down to the right side where it locates. The tenderness to pressure appears at the base of the

appendix and the muscles over it begin to get rigid. In practically all cases there is nausea; in many vomiting may be absent. The fever comes later and, as a rule, never goes very high. It is no indication of the severity of the case. When the blood is examined the white cells are found increased in number, showing the patient's power of resistance and the virulence of the disease. The sequence of the symptoms is significant. Pain, which invariably comes first, and nausea and vomiting which follow promptly, when they do occur, are the symptoms which the patient himself feels in the very beginning of the attack. The other symptoms are brought out by the physician when he examines the patient.

II.

What symptoms are sufficiently serious to indicate the necessity for prompt operation in order to avoid fatal consequences?

One should not wait for symptoms to become sufficiently serious to indicate the necessity for a prompt operation. The only essential is a satisfactory diagnosis, and then a prompt operation. If every patient were operated upon in the early stage, say the first 12 or 24 hours—there would be practically no deaths from the disease. It is delay that kills, not operation. Those patients that die have waited until the appendix has burst into the belly, either because gangrene has set in or a perforation has taken place. Previous attacks, however, slight, are constantly responsible for these sudden disasters.

The most deceiving thing is that, when rupture or gangrene has occurred there is a sudden cessation of pain and the patient and his family imagine he is better. Instead of that, he is worse and, if not operated on, he will die. Time after time patients

in such condition will insist that they "feel all right," when the tenderness is more marked, the pulse rate is increased, the blood-count is going higher and peritonitis is starting. As long as the pain continues without stopping, there is hope of taking out the appendix whole, and therefore of avoiding a drain. When the pain stops suddenly, peril is impending and complications may be expected.

These catastrophes, of course, demand immediate operation; but how much safer to operate before they happen! The only wise course is to remove the appendix when it becomes diseased and before the inflammation spreads to other parts. There is no way of getting rid of appendicitis except by getting rid of the appendix. No case was ever cured by "freezing it out" with an ice bag. Pain may be temporarily relieved by cold, but it has no effect on the inflamed appendix deep down in the belly. Attacks may be tided over under any method of treatment or with no treatment, only to return, even if the inflammation luckily subsides for that time. Each postponement means more trouble in the future, more difficulty at operation. When sufficient symptoms are present to make a diagnosis of appendicitis, the case is "sufficiently serious" to necessitate prompt operation.

III.

Should purgatives be given? Under no circumstances should purgatives be given to a patient with acute appendicitis. I will go further, and say that no purgatives should be given even when there is a suspicion of appendicitis. And further yet, purgatives should not be given to any person with any kind of abdominal pain before a proper diagnosis is obtained. The promiscuous giving of laxative or purgative medicine of any sort in colics and other distresses in

the belly, is the cause of thousands of deaths every year all over the world. In the presence of an inflamed appendix, ready to burst, the increased abdominal pressure and the violent bowel action produced by purgatives is usually the straw that breaks the camel's back, resulting in a blow-out. When pain in the belly comes, a mistaken notion generally is entertained that there is always something inside the intestine which needs to be driven out. This may be the case, but one would better wait and see if there is not some inflamed organ which needs to be kept quiet until its exact condition can be ascertained. Appendicitis is the most commonly inflamed structure producing abdominal colic; there are some others, and they are also susceptible to rupture on pressure. By far the largest majority of ruptured appendices, with peritonitis, are due to giving purgatives.

Next to the danger of purging patients who have abdominal pain is the giving of paregoric, "cholera mixture," or any form of opiate, before the examination is made. To do this is to mask the symptoms so that the

diagnosis is obscured. The physician cannot possibly have an intelligent view of the case, if the patient has been stupefied and his feelings deadened by opiates or other analgesics or sedatives.

Another admonition: Give nothing to eat or drink, not even water. Feeding excites intestinal motion almost as much as purging.

What, then, shall be done for the patient? If purgatives and opiates are ruled out, what is to take their place? Well, it were better to do nothing, than to do something harmful. Whenever an abdominal pain persists . . .

Do not give a laxative, food, or medicine of any kind.

Keep the patient quiet, in bed.

Call a doctor.

He will examine the patient, make his diagnosis (it is not always easily determined at once), and decide what is best. When this is done, the patient's pain may receive relief and the further course of treatment be outlined. If operation is indicated, the sooner the better. In any case, when in doubt do not play purgatives.

Best Health Security Is Home Sanitation

By MRS. J. HENRY HIGHSMITH,
Assistant Director of Health Education.

SECURITY is the watchword of to-day. More people than at any other time perhaps are seeking some means of security against the uncertainties of life, against danger, diseases, disaster, and the forces over which they have no control. It is said that more money is being spent in this country at the present time to purchase some of the various forms represented as security than has ever been known before. These forms include every form of insurance from

life to lightning rods. There's no doubt but the confused and threatening times in which we are living as well as the paralyzing fears of the recent depression have been a factor in making people security-conscious. It's an ill wind that blows nobody good.

Another and perhaps a better form of security is that being promoted through the Better Homes in America movement, whose state chairman is Miss Pauline Smith of State College,

Home Beautification Specialist, with the State Home Demonstration work. This organization holds that the modern home must provide safety, security and satisfaction if it is to meet the supreme needs of the occupants. Miss Smith who is a beauty specialist for homes and communities puts sanitation down as the ground work for such home needs as beauty, health, happiness, and security. She hopes, and so do we, that during Better Homes Week, which is to be observed from April 24-30, many home-owners in North Carolina will lay the foundation for safeguarding health by seeing that their homes and surroundings are sanitarily safe.

Sanitation is another word for cleanliness, particularly as it affects health. To apply it effectively in the home requires an understanding of what constitutes scientific cleanliness.—that state in which there are no harmful bacteria, no filth and no carriers of filth.

ARE YOU A CLEAN HOUSEKEEPER?

Some housewives take pride in calling themselves good housekeepers, when in many instances if their kitchens and pantries were inspected and scored as the law requires those of hotels, cafes and other public eating places in the State, they would collapse with shock at the score given their homes. The law has the right to close up shop for those who do not comply with the sanitary regulations adopted by the State Board of Health for the protection of the public who eat away from home. But the law does not go into the home and show up conditions as to where, what and how the family eats or where it sleeps, nor could it close it up, if it were found an unsafe place for the family to eat and sleep. The health and safety of the household must thrive or perish according to the

housewife's good judgment, scientific information concerning health and sanitation, as well as her knowledge of foods and their proper care and preparation.

Perhaps housewives would like to know what a government inspector looks for in examining a hotel or other public eating place. As to the kitchen and pantry, it must be screened against flies, be well lighted and ventilated, and protected against roaches, mice, ants and other vermin. The cooking utensils must be cleaned thoroughly after each usage and kept clean. Dishes must be washed with hot water and soap and allowed to drain dry. No hand drying is allowed. Many of the better eating places use dishwashing machines which not only wash but sterilize by the use of steam or scalding all eating utensils. The refrigerator must be kept clean and free from all odors and rancid food. It must keep the proper degree of lowered temperature that is sufficient to preserve food and prevent food-poisoning. Food must be stored, handled and prepared without coming in contact with insanitary objects. The milk and water supply must be known to be the best. All garbage must be placed in covered metal bins, and all possible measures must be taken to keep down flies and mosquitoes. Furthermore, all food handlers, including cooks, waiters and waitresses, must hold a certificate from a reputable physician showing that they are free from syphilis, gonorrhea, tuberculosis and other communicable diseases, and that they are not typhoid carriers. The cook and all kitchen help must wear white caps, coats and aprons, and maintain a state of cleanliness about the entire kitchen. Housekeepers may make their own scores by comparing their practices and methods with these state standards.

FLIES A PROBLEM IN SANITATION

Flies make filth doubly dangerous. By the peculiar structure of their six feet and hairy body they are capable of carrying millions of bacteria from the foulest place to the cleanest, be that from the garbage can, privy, cuspidor, or stable to the choicest food on the dinner table. Furthermore, through their proboscis they suck up liquid filth and shortly afterwards deposit it as excreta wherever they happen to be, most likely on the hands and face, or food, of the baby. If the filth contains the causative germs of human disease, and much of it does, the unfortunate individual may become ill and suffer and never suspect the innocent looking house fly.

Practically all authorities are agreed that flies carry the germs of such diseases as typhoid fever, summer diarrhea, tuberculosis, intestinal diseases of infants, cholera, abscesses, trachoma and pink eye, and as disease carriers and one of man's greatest enemies, they should be exterminated.

Fly control then becomes the first step in home sanitation and home safety. Flies are ravenous feeders and cannot live long without food. They feed on and breed in filth. Therefore, cleanliness will deprive them of both food and breeding places.

The best method yet found for combatting flies is to destroy their breeding places. Flies breed in horse manure by preference, but may breed in manure from the cow stable, chicken house, or pig-pen. In fact, they breed in any moist, decaying animal or vegetable matter. If manure be removed and scattered on the farm at least twice a week in summer or be not allowed to accumulate, flies cannot breed in it. Other means of controlling flies about the home are keeping garbage cans tightly covered at all times, burning all rubbish and decaying matter about the premises, making privies fly tight, making all food inaccessible to flies, screening all doors and windows, and remembering that flies will pass up a clean home for a dirty one.

If Shoe Tongues Could Talk

By MRS. J. HENRY HIGHSMITH
Assistant Director *Health Education*

SOME one has said that if shoe tongues could talk they would literally scream at what goes on in some women's shoes. Men's are more sensible. These tongues likely would cry out in protest against the pain and discomfort that the enclosed feet are made to suffer, while the wearer manages to keep silent and smile, and Spartan like endure the agony.

If shoe tongues could talk they would probably explain many unaccountable aches and pains which women suffer, as well as premature wrinkles and drawn faces. Part of their story would deal undoubtedly

with frayed nerves, irritable dispositions, undue fatigue and rheumatic joints.

Naturally the question is asked, Why do women do it? Fashion no longer decrees that high heels, pointed toes and narrow soles be worn, or else be out of style and out of date. As a matter of fact, fashion is more kind to women's feet today than it has been in many a season. One can wear high heels or low, wide soles or narrow, soft or hard-grained leather, oxfords or pumps, sandals, sneakers, or most any variety, and yet be in style. Of course the time

and place are to be considered but nevertheless comfort and style can be had in most modern footwear.

But to be fair to many women who are suffering today from foot deformities, it might be said that much of the mischief was done in other years, perhaps when shoe styles were not as sensible as they are today or when they themselves were not as sensible, and, what is more to the point, these defects and deformities have never been corrected. How much better it would have been then to have sought proper treatment and had all bunions, corns, callouses, fallen arches or ill-shaped bones and muscles properly adjusted.

Restoring a mistreated and ill-shaped foot is not an easy process. It takes time and patience, and in some cases requires the services of an orthopedic surgeon. All of which emphasizes the fact that foot evils are more easily prevented than corrected, and that no sane person should let a stupid fad, fashion or shoe ruin her feet, jeopardize her health and mar much of the enjoyment of her life. In the light of the modern woman's intelligence and training a continuation of this barbaric treatment of one's feet should be no longer tolerated.

Not only health and efficiency demand better foot care, but beauty also. Beauty specialists say that if more attention were given to the feet, and if more cream were rubbed on the feet at night instead of on the face, the results would be far more satisfactory.

Neglect is at the bottom of most foot troubles. Sore, burning feet as well as corns, bunions and callouses, could be largely prevented through the daily practice of foot-hygiene rules. These include such simple but essential processes as cleanliness,

care of nails, care of skin and the selection of proper stockings and shoes.

Cleanliness requires, if not a daily foot bath with plenty of soap and water, one at least three times a week. Through the bath, accumulations of dead skin and tissue worn out through pressure, are softened and removed, and the blood is kept in circulation through all parts of the foot, thus preventing the formation of tender spots, corns and callouses. Persons having very tender feet might find relief through the daily application of rubbing alcohol which toughens the skin. Those having dry, thick skin should apply some form of grease such as lanolin.

The nails should be cut often and with care. This is best done after the bath when the nails are soft, the feet clean, and when there is less danger of infection if the skin should be damaged. In case of an injury to the skin in trimming the nails, apply a mild antiseptic. The nails should be cut straight across with the corners left intact to prevent ingrowing nails.

The selection of shoes and stockings is most important. Shoes should be large enough for the foot to expand when walking. They should fit at every point and be comfortable to the feet. Note that the lining is smooth. If heel pads are needed to prevent slipping, wear them, but under no circumstances wear shoes with run-down or one-sided heels. Have heels built up often and save not only the shape of the shoe but the comfort of the foot and the looks of the wearer.

Stockings should be long enough but not too long. They should be washed often for their own good and for that of the wearer. A good plan is to change shoes and stockings often, not to wear one pair every day as long as they last. More care given to the feet will mean fewer corns and bunions and less frayed nerves and irritation.

To Avoid Appendicitis Deaths the Public Must Know What to Do Before the Doctor Arrives

By ROY NORTON, A.B., M.D., N. C. State Board of Health

THERE are a great many matters in which the Carolinas and Virginia have taken a back seat "since ante-bellum days." In the record of reducing appendicitis mortality, however, we have been leading the procession of states. The whole South Atlantic area has led other sections of the country and the deaths in the South Atlantic states are only about

half those in the Rocky Mountain area. South Carolina which has the best record has a rate only about one-third as high as certain Rocky Mountain states.

The following tables indicate the seriousness of appendicitis deaths in North Carolina and in the United States.

APPENDICITIS DEATHS

Year	North Carolina		United States	
	Number	Rate	Number	Rate
1937	329	9.4	-----	-----
1936	337	9.7	-----	-----
1935	342	10.0	-----	-----
1934	340	10.3	18,129	14.3
1933	322	9.8	17,717	14.1
1932	313	9.6	17,111	14.2
1931	305	9.5	18,113	15.2
1930	314	9.9	18,100	15.3
1929	309	10.4	16,004	13.2
1928	315	10.7	15,777	13.2

NORTH CAROLINA—APPENDICITIS BY AGE GROUPS

Year	Total	0-4	5-9	10-14	15-24	25-34	35-44	45-54	Over
1935	342	13	24	33	74	60	53	38	47
1934	340	13	18	34	84	52	53	37	49
1933	322	11	26	40	60	57	37	40	51
1932	313	8	20	32	79	47	48	43	36
1931	305	7	20	32	74	48	36	39	49

For a great many years an educational program has been carried out in North and South Carolina. Books, lectures, magazine and newspaper articles have been made available to the medical profession and to the lay public. The Health Bulletin has carried a great many articles on the subject. Emphasis has been placed on the avoidance of laxatives and delay in calling the doctor when abdominal pain occurs and persists. Practically every death resulting from appendicitis and its complica-

tions would be prevented if this warning were universally heeded. Unfortunately some newspaper headline

Abdominal pain, cramp or soreness which lasts for three hours is usually serious.

writers still announce deaths as due to operation for appendicitis. Where there has been no purgation nor procrastination the operative mortality is negligible. Among purged and neg-

lected patients, however, the mortality is high whether an operation is performed or not. Still more unfortunately there are a few doctors who, without a careful examination to rule out the presence of appendicitis, suggest the use of a purgative in cases of abdominal pain. In the recent highly successful intensive educational campaign conducted in Philadelphia under Dr. John O. Bower it was found that over 98 per cent of those who died of appendicitis complications had received one or more cathartics and that a considerable number took the fatal drugs on advice of doctors, druggists or nurses. These, who should know better, should lead the way in correcting the dangerous mis-

WARNING

In the presence of abdominal pain never give a laxative, purgative or medicine of any kind.

Give nothing by mouth and keep the patient quiet in bed.

Call a competent doctor promptly.

conception that "in any kind of illness a laxative won't do any harm and may do good." Recent radio advertising has tended to counteract some of the good educational work previously done. If every laxative and purgative drug were made unavailable, appendicitis deaths would immediately be greatly reduced and by observing more natural living habits, constipation would become a rarity. Laxative drugs increase the tendency to constipation.

The idea that purgatives are dangerous to patients with abdominal pain is not new. Hippocrates, the Father of Medicine, as far back as 400 B. C., warned that "In Sharpe

disease and in their Beginning, we ought seldom to use a purging medicine." The only improvement that the experience of 2,300 intervening years can make to this statement is the substitution of "never" for "seldom" when the "Sharpe disease" begins in the abdomen. Oliver Wendell

Twin factors in appendicitis fatalities:

Purgation
Procrastination

Holmes, the Physician-Poet, said that if all laxative or purgative drugs were dumped into the Atlantic Ocean and no more were made, all human beings would be better off, and only the poor fish would suffer. The public must be kept sufficiently warned of the dangerous drug advertising now so rampant. Remember that there is no non-operative treatment for appendicitis. Sedatives, opiates, ice caps, hot water bags, plasters, and poultices do no good and may mask the warning symptoms so that fatal delay is encouraged. The public must be informed about what to do and what not to do because otherwise it may be too late when a competent physician is consulted. The tragedy of appendicitis is that one human being should die of the disease.

It is hoped that in the near future funds will be available to make and display posters, placards, stickers, bulletins, leaflets, and other educa-

Appendicitis is the most common serious, acute abdominal disease.

When abdominal pain occurs, think of appendicitis and observe precautions in persons of all ages and races.

tional material so that the public may know what to do and what not to do in case of a threatened attack of appendicitis. Then no matter who attempts to advise purgation and procrastination in cases of abdominal pain, someone in the patient's family will know enough to avoid disaster.

A great many of those who have lost their lives from the mismanagement of appendicitis attacks have been very busy and prominent individuals. They felt that they "just

had to be tided over this attack without operation." They "could not afford to stop" just then with so much of importance just ahead to be done. These have persuaded doctors, against their better judgment, to delay operation. By being extremely careful and operating early a few who could have "gotten by" this attack will always be operated upon, but of far greater importance is the fact that the loss of hundreds of lives and much suffering will thus be averted.

Rigid Milk Inspection Is Your Protection

By CARL V. REYNOLDS, M.D.,
North Carolina State Health Officer

IN view of the fact that milk has played a conspicuous part in the news recently, it is deemed wise at this time to acquaint the people of North Carolina with just what is being done to protect them against the insanitary production and distribution of this important food. To give them the true facts should, it is felt, elicit a still greater degree of co-operation, through the promotion of better understanding.

Milk is man's most nearly perfect food. It is consumed, to a greater or less degree, throughout the span of human existence, because it contains those basic elements so necessary to physical growth and development. When properly safeguarded, it remains man's best friend, but when its production and distribution are not properly protected, it may become his deadly enemy.

Milk may harbor a wide variety of infections. It is the most difficult food to harvest and is most decomposable, through the processes of fermentation and putrifaction. This makes protective measures impera-

tive. Milk is the only standard diet from animals used in its raw state. The 239 varieties of bacilli found in it are chiefly from outside the udder and the milk duct. Fresh from a healthy cow, milk is uncontaminated, as nature intended it should be.

Healthy cows, healthy milkers, and proper sanitation are the essentials for safe milk. Government recognizes this and has laid down certain minimum regulations and restrictions for the protection of the people against insanitary conditions which result in unsafe milk. These regulations were not designed to work hardships upon producers or distributors but to aid the uninformed and protect the weak.

HEALTHY COWS

Item I-R, Section 7, of the United States Public Health Service milk ordinance gives the *minimum requirements* that all dairies must meet before they can qualify for gradation. It provides, first of all, for healthy cows, in that a "physical examination and, except as provided herein-after, a tuberculin test of all herds

and additions thereto shall be made before any milk therefrom is sold, and *at least every 12 months thereafter*, by a licensed veterinarian approved by the State livestock sanitary authority.

"Said tests," the provision continues, "shall be made and any reactors disposed of in accordance with the requirements approved by the United States Department of Agriculture, Bureau of Animal Industry, for accredited herds."

Then follows this provision:

"A certificate signed by the veterinarian or attested to by the health officer, and filed with the health officer, shall be *evidence of the above test*."

For diseases other than tuberculosis, including Bang's, from which undulant fever is contracted by man, such tests and examinations as the health officer may require shall be made at intervals and by methods prescribed by him. Any diseased animals or reactors shall be disposed of as he may require.

The United States Public Health Service milk ordinance, upon which local ordinances in force in North Carolina and elsewhere are based, imposes very definite responsibilities upon the health authorities.

PERSONNEL REQUIREMENTS

Regulations safeguarding the public against menaces that might arise from infected persons working as milkers or distributors have been worked out with great care and their enforcement is highly important.

They provide that:

"Every person connected with a retail raw dairy whose work brings him in contact with the production, handling, storage or transportation of milk, milk products, containers or equipment, shall furnish such infor-

mation, permit such physical examinations and submit such laboratory specimens as the health officer may require for the purpose of determining freedom from infection."

It is further provided that milkers shall have clean hands and must rinse their hands with a bacterial solution and dry them with a clean towel immediately before milking and following any interruption in milking. Wet-hand milking is prohibited under the milk ordinance. Milkers' clothing must meet sanitary requirements.

PHYSICAL SET-UP SANITATION

Conditions in and around dairy barns are subject to regulations which take various protective measures into account. Proper lighting, air space, and ventilation must meet standard requirements, as must floor construction. Other animals, including pigs, horses and even fowls must be excluded because of possible contamination they might provide.

Rigid toilet provisions have been made, and there must be no evidence of defecation or urination about the premises.

Walls and ceilings must be whitewashed once a year or painted every two years, or oftener, if necessary, or finished in an approved manner, and these shall be kept clean and in good repair.

Milk-house construction also enters into the picture, as well as manure-disposal and freedom from flies. The water supply for a milk room and dairy barn shall be properly located, constructed and operated, and shall be easily accessible, adequate and of a safe, sanitary quality.

Utensils used also are subject to regulations, this being in the interest of public health and designed to combat infection. While the above

do not, by any means, include all the safeguards that have been thrown around milk—its production and distribution—by law, the citations afforded are sufficient to emphasize the extent to which protection is extended.

From cow to consumer, an inescapable duty rests upon those charged with enforcing these regulations. Inspectors employed by health boards must meet these requirements, if they are to continue in service. They must enforce without fear or favor the sanitary provisions if the health of our children and other consumers of milk is to be safeguarded.

WHERE DANGERS LURK

There are three outstanding carriers of disease:

1. Man himself—the incubator and carrier.
2. Water—the carrier.
3. Milk—the culture medium and carrier.

Last, but by no means least, unclean milk is one of the greatest offenders. This emphasizes the necessity for its regulation and for co-operation on the part of all concerned. The inspector must do his duty. The dairyman must do his part, and the public must insist upon the protection guaranteed it by law. In order for this to be the case, the public must be enlightened. It must be informed as to the dangers that arise from contaminated milk. Milk and man must be kept on good terms, if the former is to serve its purpose with reference to the latter.

A study of the 20-year period from 1908 to 1927, inclusive, showed there were 612 epidemics in the United States traceable to milk or its products, including: Raw milk, 179; Pasteurized milk, 29; certified milk, 3; ice cream, 36; butter, 3; cheese, 4;

not stated, 356. The average number of such epidemics in the United States annually is 43, contaminated milk being the carrier of such diseases as typhoid fever, which, thanks to science, is now preventable; diarrhea, dysentery, septic sore throat, scarlet fever, diphtheria, etc.

Milk ordinances that are in force in North Carolina are based on the United States Public Health ordinance which contains the minimum requirements. They are *laws* enacted by county and city officials. The State Board of Health has stimulated, advocated and encouraged the adoption of such milk ordinances until 140 counties and municipalities are operating under such laws, made by our own wise people for their protection. They realize the importance of protection thus afforded.

The dairies are graded or degraded according to the findings of local inspectors at the time inspections are made. It is on this basis that grades are established and *must* be maintained.

The lives of our babies are at stake; the health of our adult milk consumers is in the balance. There must be no tipping of the scales to meet expediency. No favoritism must be shown. The law and the ordinance are based upon the power of the municipalities to protect the health of the people by providing for pure milk, and such laws have been uniformly sustained by the courts.

In almost every instance where an adequate milk ordinance has been enacted into law and enforced, milk consumption has increased, in consequence of greater public confidence in the safety of milk.

Milk is man's best balanced food, and milk is man's cheapest food.

Our slogan should be: Work together for better milk and more milk.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

MAY, 1938

No. 5



TWIN DAUGHTERS OF MR. AND MRS. CHARLES MYERS, SPARTA

The above picture of Reta and Angelia Myers was taken at the age of one year. They are what is known as "identical" twins and they look and act so much alike that their mother has to use identifying bracelets to tell them apart.

They are great granddaughters of former Lieutenant-Governor and Mrs. R. A. Doughton, and grandnieces of Hon. Robert L. Doughton, one of the most influential members of the United States Congress.

They have never been ill, have been immunized against diphtheria, and each month their food has been modified according to suggestions in the State Board of Health literature (available alike to the richest or poorest parents in the State for the asking), aided by their physician.

Mrs. Virginia Ashley Greene, State and County Nurse has rendered valuable aid in the rearing of the above, and many other children, in Alleghany County.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
Diphtheria	Malaria	Typhoid Fever
Don't Spit Placards	Measles	Typhoid Placards
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Fly Placards	Disposal Plants	Water Supplies
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives
Infant Care, The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Notes and Comment	Page 3
North Carolina Midwives Permitted to Work in 1937	Page 6
Moore County Maternity Welfare Committee	Page 8
Infant Mortality Target of Rocky Mount Junior Guild	Page 11
Number of Maternal, Infant, and Neonatal Deaths Per 1,000 Live Births, By States	Page 13
Intelligent Inspection With Efficient Follow-Up Work Still Most Important	Page 14
Part of School Health Service	Page 14
Total Number Births and Deaths Under 1 Year of Age in Each County With Rate Per 1,000 Live Births: 1936	Page 16

THE Health Bulletin



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Notes and Comment

By THE EDITOR

ALL of the older readers of the Health Bulletin are aware of the fact that it is a custom of long standing to make the May issue more or less a baby number. An effort is always made to assemble an issue dealing with the problems of health and care of babies and children of all ages. In recent years, the scope has been extended to include a discussion of some of the practical problems of what used to be termed the hygiene of maternity and infancy. In this issue some important and helpful information is being presented. Some of it is intensely interesting and it is hoped that the material will be widely read throughout the State.

Two of the most interesting articles in the issue are, first, the article on the Moore County Maternal Welfare Committee work written by Mrs. Katherine Lamont Boyd of Southern Pines. The second is the article on the work of the Junior Guild at Rocky Mount by Mrs. Eleanor Bizzell-Powell.

Mrs. Boyd describes the organization and the work of the Maternal Welfare Committee composed of women residing in almost every section of Moore County. The work of this committee has been most helpful and promises far reaching results of a permanent character. As will be noted in her article, one of the accomplishments of the Committee has been the training in New

York of a nurse for a special work among the poorer women of Moore County. She is really going to be a consultant for every midwife case in the county. She will see that every woman who gives birth to a baby and does not have the services of a physician is looked after in a safe manner and will be taken to a hospital for delivery and care if necessary, and otherwise, if needed, a physician's services will be engaged and paid for by this committee. It is a well organized and practical plan.

Mrs. Bizzell-Powell describes in equally interesting terms the organization and work of the Junior Guild in Rocky Mount. Their territory is not as large, but they have almost as many people to deal with as the Moore County people. It will be noted from reading Mrs. Bizzell-Powell's article that they are making considerable sacrifice in time and money and that their plan is far reaching and thorough and will inevitably result in better health conditions and greater safety for all the underprivileged people in that city. What these young women are doing in Rocky Mount and what their older sisters are accomplishing in Moore County can be done by any determined group of women in any other city and county in North Carolina. To the Editor of the Health Bulletin, who has long been interested in the work they are doing, the develop-

ments at Rocky Mount and in Moore County are the most inspiring and encouraging of the last year.

* * * *

For the first time, more or less accurate figures are presented in this issue relating to the number and distribution of midwives permitted to work in North Carolina. It will be noted by the table presented on another page that in 1937 a total of 2,113 women residing in every county of the State have been given permits to work as midwives. Back in 1917, 21 years ago, when the State Board of Health first undertook a survey of midwives under the provisions of the law which set up that year the Department of Epidemiology in the State Board of Health and midwives were required to register in order to be supplied with prophylactic drops designed to prevent blindness in newborn babies from venereal disease infection—the Board located 9,000 midwives then at work in the State. During the period covered in these efforts, several thousand midwives have been eliminated, many of them have died, some have become old and feeble, but many hundreds of them have been compelled to retire from work because they were unsafe and dangerous to the poor women whom they served.

During these years, there has been some reduction in maternal deaths, a considerable reduction in infant deaths, and a marked improvement in the conditions surrounding child-birth for all the women of the State. According to the last report this writer has seen of the State School for the Blind, in 1917 about one-third of the admissions to that institution were on account of gonorrhreal ophthalmia, but in the year covered by the report which was about 1933 only one child was reported as admitted on account of gonorrhreal ophthalmia

as a cause of his blindness. It has taken persistent effort and many years hard work to bring about such an improvement.

A great deal remains to be done. The maternal death rate in this State is still entirely too high and could be cut in at least half. The infant death rate is also considerably higher than it should be and could be materially reduced. The State has an inordinately high birth rate compared to other states in the Union. It has an untold amount of poverty, as any economist in the State will readily admit. Not only the per capita income but the per family income is extremely low in North Carolina. Where income is low and poverty is widespread, ignorance and ill health is bound to result. All the agencies, including all the people themselves, must work long and hard to change this situation.

Tables are being published setting forth the number of births and deaths under one year of age by counties for the year 1936, also, giving the number of deaths under one year of age per thousand live births for the different states in the Union. By reference to these tables, one can readily see the standing of his or her county and of the State as compared to all the other states in the Union in this respect.

* * * *

On account of the intensive nationwide efforts, and accentuated in this State by the Reynolds Foundation gift to the State Board of Health for the warfare against syphilis and venereal diseases, the whole State has recently become venereal disease conscious. One result is that newspapers now publish material on such subjects that have always heretofore been passed over.

One such item shocked thousands of people in North Carolina a short

time ago. The item was sent out in black boxed type on the front pages of many newspapers and originated at Burlington, North Carolina. An eye specialist there had been consulted by the parents of a baby whose sight was lost by an acute venereal disease infection of the eyes. The parents were innocent of the infection. The physician was forced to report to them that the baby was hopelessly blind and that nothing could be done to bring back its sight. The cause was the employment of an infected colored nurse. The parents themselves, as just stated, were entirely innocent so far as the infection itself was concerned.

We reproduce this harrowing story here in these columns to illustrate one or two ways in which these parents could possibly have prevented their baby's misfortune and by the observance of which other parents in similar situations can protect their own babies. Some of the ways to be protected may be enumerated as follows:

First, the parents could have insisted on a certificate from a reputable physician following an examination of this servant before she was employed, certifying to the fact that she was free from venereal disease infection or any other communicable disease.

A second method which is practical and helpful would be to insist that the servant thoroughly wash her hands with soap and warm water, thoroughly drying on a clean towel every time before she touches the baby. This will prevent the transmission of many communicable diseases in addition to the venereal diseases.

The health certificate affords only partial protection and sometimes, as in the case of quarantine against such diseases as smallpox, tends to

create a false sense of security. To illustrate, the doctor's certificate on the first day of the month following a conscientious and thorough examination of any servant, might indicate that she was free of any communicable diseases. On the 15th, the same woman may have contracted such a disease and may be highly dangerous and it would not be thought necessary to require another examination so soon after the first. In short, to afford perfect protection, the examination would have to be done daily which would be impossible on account of the time required and the expense incurred. The physician's examination, however, and certification of servants does help a great deal and should be rigidly followed.

Another thing, many mothers could protect their babies by staying with them more, by exercising some care on their part, even though the bridge parties suffered from reduced attendance. Every observing individual can take a stroll out in mild weather and see servant girls and women ganged up on any street corner in many suitable places where they can congregate, busily talking to their swains or to each other, babies being woefully neglected and subject to all kinds of dangers.

The State Board of Health and no other organization, state or local, is in position to do anything about such dangers. Protection in that respect must depend upon the parents themselves. This writer has always felt that any woman who is not willing to make some sacrifice in time and comfort and to endure some of the hardships in lovingly caring for a baby should not be blessed with a baby but should have a dog or some animal for a pet.

None of these remarks should be construed as in any way a criticism of the Burlington family. The writer

knows nothing of the situation surrounding that except what was published in the newspapers. They might have had a certificate from the physician which was previously protected but which, as stated above, might have lapsed within a short while, they might have required the woman to be reasonably clean, and they might have put forth every reasonable precaution, even then there is always some danger. The mother might have made every sacrifice reasonably expected, she might have been in ill health and unable to care for the baby, or there might have been a thousand extenuating circumstances, none of which were published in the papers. The only thing definitely known is the baby's eyesight is lost and that it is said to be doomed to blindness all due to the carelessness of a servant who was in a highly contagious stage of the venereal disease.

* * * *

Beginning on March 10 and ending April 29, the State Board of Health in cooperation with the State Department of Public Instruction and the Extension Service of the North Carolina State College conducted a series of Health Institutes.

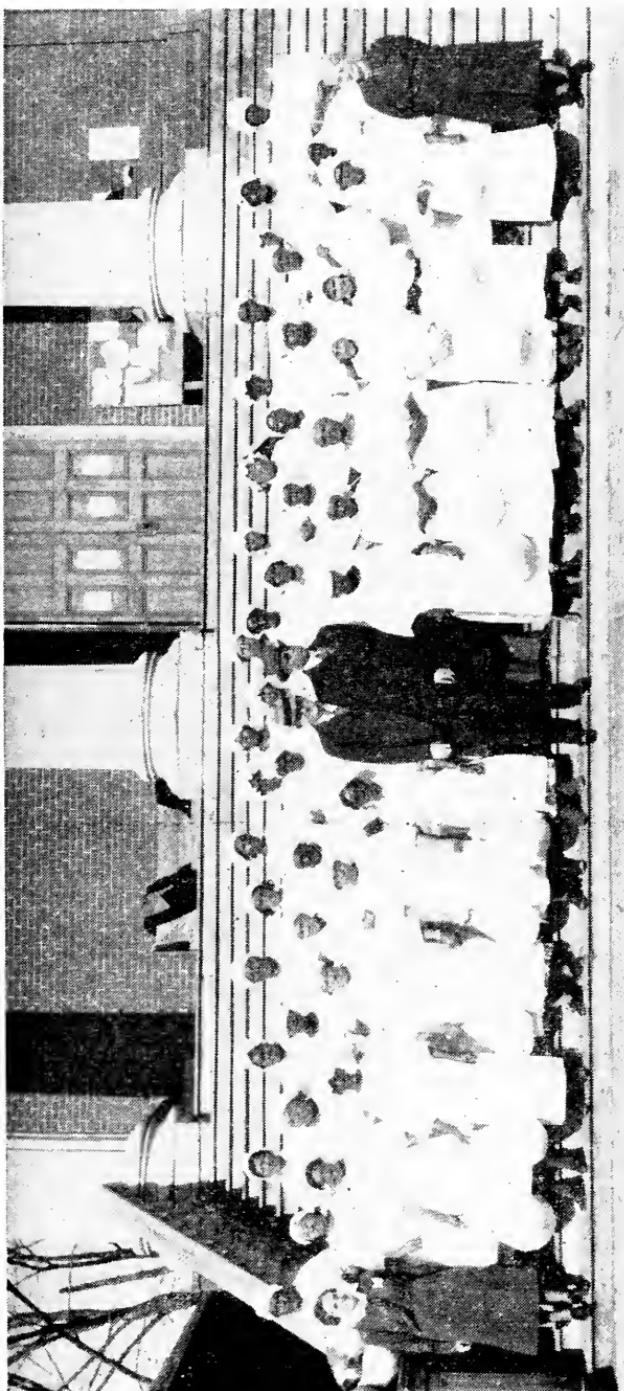
A series of 37 engagements were filled ranging from Boone in the northwest to Whiteville in the southeast, and from Elizabeth City in the northeast of the State to Andrews in the southwest. A representative of the Department of Public Instruction, two representatives from the State Board of Health, and a representative from the Extension Service at State College was present at each one of these Institutes. A series of talks were made on health subjects of peculiar interest to teachers, films were shown, and an open forum for free discussion on all health problems was a part of the program. It is too early as these lines are written to give a fuller description and an appraisal of the effort. A later report will be published in the Health Bulletin. It is sufficient to say that the plans followed were similar to such a program put on by the State Department of Public Instruction and the State Board of Health in the year 1917. At that time 65 counties represented in county institutes at central points were visited and the effect of that effort has been incalculable in the good that it has accomplished for the school children of North Carolina.

NORTH CAROLINA MIDWIVES

Alamance	6	Currituck	14
Alexander	13	Dare	17
Alleghany	4	Davidson	11
Anson	20	Davie	13
Ashe	25	Duplin	35
Avery	10	Durham	8
Beaufort	20	Rocky Mount	5
Bertie	47	Edgecombe	27
Bladen	34	Winston-Salem	4
Brunswick	27	Forsyth	11
Asheville	7	Franklin	18
Buncombe	10	Gaston	28
Burke	28	Gates	11
Cabarrus	15	Graham	11
Caldwell	11	Granville	14
Camden	13	Greene	14
Carteret	14	Greensboro	7
Caswell	20	Guilford	5
Catawba	23	High Point	7
Chatham	16	Halifax	60
Cherokee	30	Harnett	51
Chowan	13	Haywood	3
Clay	11	Henderson	10
Cleveland	27	Hertford	14
Columbus	69	Hoke	24
Craven	38	Hyde	15
Cumberland	29	Iredell	26

PERMITTED TO WORK IN 1937

Jackson	42	Randolph	14
Johnston	40	Richmond	27
Jones	15	Robeson	44
Lee	12	Rockingham	20
Lenoir	19	Rowan	13
Lincoln	13	Rutherford	17
McDowell	13	Sampson	37
Macon	22	Scotland	36
Madison	11	Stanly	10
Martin	32	Stokes	17
Charlotte	0	Surry	13
Mecklenburg	23	Swain	11
Mitchell	24	Transylvania	6
Montgomery	19	Tyrrell	8
Moore	21	Union	25
Nash	31	Vance	18
New Hanover	10	Wake	21
Northampton	45	Warren	45
Onslow	25	Washington	9
Orange	9	Watauga	12
Pamlico	13	Wayne	24
Pasquotank	18	Wilkes	33
Pender	41	Wilson	10
Perquimans	13	Yadkin	12
Person	17	Yancey	34
Pitt	32		
Polk	8	Total	2,113



The above picture shows Dr. W. R. Parker, Northampton County Health Officer, with Mrs. H. P. Guffy and Miss Helen Barco, State and County Nurses, together with Dr. W. J. Hughes, a colored physician with the State Board of Health and a group of Northampton midwives who have just completed a course in training.

These women annually attend more than four hundred negro women in childbirth in that county.

In a well-ordered civilization, every woman at such times would have the services of a competent physician; but up to now 67% of negro women and 12% of white women have been unable to secure and pay for such medical service in North Carolina. So, it is necessary to instruct midwives and to control their work as is being so well done in Northampton.

Moore County Maternity Welfare Committee

ORGANIZATION, FUNCTIONS, PLANS

By MRS. JAMES BOYD, Southern Pines

TWO years ago a group of women of Moore County gathered under the leadership of Mrs. Wilbur Currie to discuss plans for forming an association to further the cause of maternity welfare in the county. The high record of maternal deaths showed the dire need for special work along this line. A study of similar work in other places and consultation with the state authorities indicated that the problem should be attacked from two main angles: that of prenatal care for mothers, and that of examination of the fifty or more midwives practising in the county, the elimination of those who were unfit and the teaching of those who could learn.

The first step in this program was the appointment of committees representing the different sections of the county. In a sense, no really new organization was formed at the start; the committees consisted almost entirely of groups from already existing organizations—such as the Parent-Teacher Associations, church social service committees, and the various womens' clubs. In rural districts the Home Demonstration Clubs of the country women cooperated through their Health Chairmen and performed invaluable service.

A main committee was formed of representatives from these groups, of the leading doctors of the county and the Health Officer. Their first act was to go before the commissioners to urge the appointment of a maternity nurse. This was granted, and Miss Margaret McQueen was chosen to fill the position. There could have been no happier choice. Miss Mc-

Queen proceeded immediately to organize prenatal clinics in six sections of the county, while the steering committee appointed a member to act as chairman, or organizer, of each clinic. Her duties were to secure the physician who would conduct the clinic, to have general charge of the clinic office, to provide a corps of volunteer workers to help her and the nurse and bring in the patients. This last trying work has been carried out largely by the Motor Corps of the Women's Auxiliary of Moore County Hospital.

The response to Miss McQueen's plans was immediate and gratifying. The local chairmen had no trouble in finding volunteers to help, and the physicians were generous in giving their time. Some difficulty was experienced at first in finding suitable quarters. This problem was eventually solved, in several cases by the offer of community halls, doctors' offices, or, for the largest clinic, a large room in the Moore County Hospital. This last was the ideal solution, all facilities needed being immediately available.

The response of expectant mothers to this opportunity for care was, on the whole, good. It was better among the colored mothers than among the white. From September, 1936, to December, 1937, two hundred and forty-five patients have registered at the clinics; of these two hundred were colored, forty-five white. It might be thought that the colored people, who depend almost entirely upon midwives, would need the prenatal care more. This is to a certain extent

true. But there are many white mothers living in the more rural parts of our county who also do not consult a physician at all, or, if at all, only a week or so before the baby is expected. These mothers, as well as those who have no physician, need the prenatal examinations offered by the clinics. Many of the physicians recognize this and encourage attendance by their patients, realizing the great help it may be to them to have any abnormal or dangerous condition discovered before the time of delivery. But the matter of awakening the white mothers of the county to the need of prenatal care and of persuading them to attend a clinic remains one of our problems. Just how it will be attacked will be told later.

Beside helping to organize the prenatal clinics, the Maternity Welfare Committee undertook to raise money to buy certain needed equipment for the nurse, medicine and occasionally food for indigent patients not under the aegis of the Welfare Officer. One clinic chairman started a sewing club where pretty, as well as practical, layettes are made and packed in a basket equipped with mattress and sheets.

In the middle of 1937, a year after the work was started, the state health board decided to change their set-up in Moore County. The county was divided into three sections with a nurse in charge of each. The maternity nursing was included. This brought about a complete change in the Maternity Welfare Committee's work, and it was felt that this change presented to them an opportunity for the step forward to which they had been aiming: that of engaging a specially trained maternity nurse, or, as the new title goes, a nurse-midwife. Through Dr. Reynolds and Dr. Cooper they met Mrs. Edith Bain Harris, a public health nurse of several years

experience and of the highest qualifications. The County Commissioners generously advanced the money for her tuition. She went to New York where she studied for six months at the Lobenstine Midwifery Clinic and School.

This clinic deserves a special word of explanation. It was started by Dr. Ralph Lobenstine and completed by money raised in his memory by friends and former patients. Its purpose is to train registered nurses to be midwives with the object of organizing maternity care in rural districts. To quote from a 1935 report of the clinic:

"The most important accomplishment of our Clinic and School in these years has been the graduation of twenty trained nurse-midwives, many of whom are working in the South, beginning the long slow task of teaching the colored mammals (known as midwives). It has been said that midwifery is becoming a thing of the past, but it is a fact that in Alabama for instance more women were delivered by midwives in 1934 than in 1933 and that that represents 40% of the women giving birth to children in that State.

It is safe to say that all of these midwives are untrained, ignorant and superstitious and our graduates have gone to a real frontier to begin this uphill job of getting rid of the worst and improving the best of the midwives until some more satisfactory service can be developed. It has been a difficult task from the beginning. For years we have been teaching patients that poorly trained midwives should be shunned and it was not easy to differentiate between these superlatively trained nurse-midwives and the poorly trained neighborhood variety. Doctors were opposed to the plan because the very word "midwife" to them spells ignorance and danger

and it has taken a long time for them to see that the programme that we are launched upon is not just creating more midwives but creating a superior nurse-midwife who will help to put the ignorant midwife in the discard until the time comes when there are enough doctors and enough hospitals in the rural districts so that the entire system can be changed."

January first, Mrs. Harris graduated from the Lobenstine Clinic and came back to start her work in Moore County. It will be seen that until now no attack had been made upon the second of the two problems facing the Maternity Committee in Moore County: that of the midwives. Miss McQueen was entirely occupied with starting the pre-natal clinics. These have now been thoroughly established and it is time to go on to the other phase of this work. Mrs. Harris has already made a start. She has talked with many of the midwives, finding among them fine colored women who are anxious to learn. Some, on the other hand, are old and have worked beyond their time; they long to lay down their burden, having continued, often without pay, because there was no one to take their places. These welcome Mrs. Harris and are helping her to find young colored women whom she can train. She expects to start regular classes within a few weeks.

With the white mothers she plans to encourage the forming of mothers' clubs. She will meet with them, perhaps monthly; the time will be spent sewing on dresses or supplies for themselves or the expected baby, and Mrs. Harris will have an opportunity in this way not only to check-up on their condition between clinics, but to get to know them and to advise them about the problems that lie ahead. By way of these mothers' clubs, which

have proved successful and attractive in other communities, it is hoped to awaken the interest of the white mothers in this work for them.

The Moore County Welfare Committee has been really functioning for less than two years. The first six months were a period of organization. In fact, one might say that the whole has been a period of experimentation and organization. It is therefore premature to look for definite results. However, certain points may be noted: one is the definite signs of interest among the doctors and their increasing encouragement and co-operation; another, the growing attendance at the clinics; third, and most important, is the marked drop in negro maternal deaths. The entire death rate has not changed measurably but the ratio of negro to white has dropped perceptibly. As the negroes have thus far made up the majority of clinic patients this is highly significant.

There have been since January first three maternal deaths in Moore County. This, as Dr. Cooper told us at our meeting, is already too many. The fact that none of these mothers attended a clinic and that one had just moved into this county might seem to absolve the Moore County Maternity Welfare Committee of responsibility. But we do not feel so. It is our hope to establish contact with every expectant mother in Moore County who needs our help, to bring her to our clinics, to assist her to find a physician or, if she cannot do that, a competent midwife to assist her in her delivery. To quote the motto of the parent association, it is our aim: to teach the public the vital importance of maternity care and to secure in cooperation with all existing agencies such care for all expectant mothers.

Infant Mortality Target of Rocky Mount Junior Guild

High Rate Challenges Efforts of Organization Dedicated to Service and Results Have Proved Worth of Active Assistance, Begun at Health Centers in December, 1937

By ELEANOR BIZZELL-POWELL

ROCKY MOUNT, along with other North Carolina cities, has for a long time been ashamed of a high infant mortality rate. This problem until recently was mainly the worry of doctors and health department officials. Outsiders who were aware of it merely felt that they could do nothing to help, not realizing that an intelligent, concerted drive by citizens to supplement the work of the health department and practicing physicians was exactly what was needed most.

A year and a half ago, in October 1936, the City Health Department and several Rocky Mount physicians, aided by the State Board of Health started a free infant and maternity center which met at the health department every two weeks. The object of this clinic was to give medical supervision to needy infants and their mothers, and to prenatal patients. Statistics had shown that there was a marked correlation between poverty and infant and maternity mortality, and the health department thus tried to get at the root of the problem by caring for those mothers and children who were not able to afford private medical service. Four obstetricians and two pediatricians had charge of the clinic and two white public health nurses and one colored nurse assisted in the work.

At the first clinic, there was an attendance of 13 pre-natal patients and 10 infants. Two months later, in December, 17 pre-natal cases were treated and no children. The weather was bad and these poor people had no

way of getting to the health center.

Gradually, the clinic began to work more smoothly and by the end of the first year 113 pre-natal patients and 382 infants had been admitted for treatment. Still, a great many persons needing attention could not get to the clinic and it was impossible for the doctors to see the patients between visits and to make sure that necessary instructions were being followed. This was especially true in the problem of infant feeding.

Last fall, the City Health Officer talked his problems over with a representative group of young women in Rocky Mount. From this nucleus the group enlarged to forty and a Junior Guild was organized. Patterned along the lines of the Junior Leagues of larger cities, its stated object was "to foster interest among its members in the social, economic, and civic conditions of their community and to make efficient their volunteer service." Or to be more concrete, this group of young women met the challenge of lowering infant mortality in Rocky Mount by conscientiously giving their time and money to help the health center and to aid the colored day nursery.

A plan was worked out whereby each underprivileged baby is the responsibility of two girls. They visit the child every week, supply it with cod liver oil or any necessary milk formula which the family cannot afford, and furnish transportation for the child and mother to the clinic every time it meets. Although the

girls are not doing any family social work, they are trying to supply any essential needs such as clothing and medical supplies. Other volunteer workers help the nurses at the clinic in weighing and dressing the infants and in keeping the case records. The girls have not entered into their duties lightly. A placement and a welfare chairman have a card index system of enlisting the girls for duty. A careful record is made each week of the work done by each individual. In case a member fails to do her duty, a fine is levied on her by the organization. These fines so far have been practically negligible.

Last December, the first month the Junior Guild began in its assistance at the health center, 18 pre-natal cases and 60 infants and pre-school children received treatment. This was an exact double of the number attending the month before. Needless to add, these patients had been thoroughly investigated by local health and welfare agencies to determine their worthiness and eligibility for the clinic.

In spite of the short time in which the Junior Guild has been carrying on its work, much improvement is already evident. Any number of cases would show that its existence has been more than justified. Fifty babies are now under the care of the girls, and seventeen dozen pints of cod liver oil have been distributed among the children for whom it has been prescribed by clinic doctors. No color line has been drawn and indigent Negroes receive as much attention as the white patients.

Several individual cases will serve to illustrate the type of humanitarian work being done by these young women. A mother was paralyzed on one side by spinal meningitis when her baby was two months old. Since that time, she has been unable to

pick up or carry her child. Both had syphilis. One of the Junior Guild members has been diligently taking them to the clinic in her car every week for treatment. In addition, she arranged to take the crippled mother to the orthopedic clinic in Tarboro. Specialists outlined a course of treatment and gave the encouraging opinion that her condition will be gradually improved. A little boy's eyes were getting weaker because of diseased tonsils. A little underweight girl of four was run down and sick from the same cause. Doctors at the clinic said that nothing else could be done for them unless their tonsils could be removed. Junior Guild members made an investigation and obtained funds from the local Junior Chamber of Commerce to make these operations possible.

The group has been fortunate in having full cooperation from the several local welfare agencies. Doctors have submitted names of their most destitute cases in this category and the Associated Charities Organization has investigated cases and helped to serve as a clearing house for those to receive the benefits from the health center.

Naturally, the work required in the clinic duties entails some sacrifices on the part of the girls. It means less bridge, less golf, fewer movies. For many of the Junior Guild members, it is a first real contact with the suffering of the underprivileged. But they are more than repaid in the satisfaction obtained from watching the improvement in the health of these children and pregnant women and the realization that for many of them, their follow up work means life instead of death. They realize further that their work would be impossible were it not for the work of the clinic doctors and nurses and other

interested citizens. They only hope that they may be successful in taking up where the doctors must necessarily leave off and do their part to prevent the needless sacrifices of infant life due to poverty, ignorance and neglect. Toward that end the supplemental work of this group is being performed diligently and conscientiously, and even at this early stage, there can be no question of its effectiveness.

One of the county health nurses was telling us about an amusing incident which occurred shortly after she assumed her duties in this county. Unfamiliar with the woodsy roads

and by-paths, she found herself one day completely lost in one of the sparsely settled areas.

At length she decided to stop and ask someone where she was. She saw a couple standing far-away in a field and called loudly to them. No response. She called again, even louder. Still no response. She deduced that the couple was hard of hearing if not stone deaf, so she got out and made her way over furrows to where they stood.

Imagine her embarrassment when she discovered that the people who had paid no attention to her yells were—a couple of scarecrows!

—Whiteville News Reporter.

NUMBER OF MATERNAL, INFANT, AND NEONATAL DEATHS PER 1,000 LIVE BIRTHS, BY STATES

STATE	Deaths Per 1,000 Live Births			STATE	Deaths Per 1,000 Live Births				
	Mater- nal 1936	Infant (Under 1 Year)			Mater- nal 1936	Infant (Under 1 Year)			
		1936	1935			1936	1935		
Total U. S.	5.7	57	56	32	Montana	5.5	57	60	34
Alabama	7.4	67	63	37	Nebraska	5.0	44	41	27
Arizona	9.1	120	112	42	Nevada	5.6	70	71	53
Arkansas	7.6	51	47	26	N. Hamp.	4.8	46	54	36
California	4.7	53	50	29	N. Jersey	4.0	44	46	29
Colorado	7.1	74	73	40	N. Mexico	7.4	122	129	49
Connecticut	4.1	42	43	29	New York	4.9	47	48	30
Delaware	7.1	65	66	29	N. Carolina	6.6	69	69	37
Dist. of Col.	6.9	72	59	37	N. Dakota	4.3	50	59	32
Florida	8.1	59	62	36	Ohio	5.0	51	50	32
Georgia	8.2	70	68	39	Oklahoma	6.2	60	55	29
Idaho	4.4	51	51	32	Oregon	5.4	44	41	28
Illinois	4.5	47	46	30	Penn.	5.2	51	51	30
Indiana	4.8	51	51	31	Rhode Island	4.0	48	47	31
Iowa	4.6	48	47	30	S. Carolina	9.0	81	79	39
Kansas	5.7	52	50	30	S. Dakota	4.6	48	52	31
Kentucky	5.6	67	59	32	Tennessee	7.0	68	64	34
Louisiana	8.7	72	69	38	Texas	6.9	71	72	36
Maine	5.1	64	63	39	Utah	4.4	53	49	34
Maryland	4.7	69	62	33	Vermont	5.0	58	49	32
Mass.	4.9	47	48	29	Virginia	5.8	74	70	39
Michigan	5.2	51	48	29	Washington	5.2	45	45	30
Minnesota	4.2	44	45	30	W. Virginia	5.3	71	61	35
Mississippi	6.9	58	54	30	Wisconsin	4.2	48	46	31
Missouri	6.1	58	57	33	Wyoming	5.0	58	51	29

Source: U. S. Bureau of the Census.

Intelligent Inspection With Efficient Follow-Up Work Still Most Important Part of School Health Service*

AS the annual school year is now closing, it is a good plan, as always to take an inventory of what has been accomplished, if anything, in the improvement of the permanent health of school children, especially the younger ones. The ideals now before every school authority, both teacher and health officer, is of course to try to bring about that happy period when every child who enters school for the first time may be in normal physical condition. That time, however, seems to be a long way off. Even so, in the schools which have achieved such a result constant efforts have to be made to keep the health of these children up to a normal standpoint. So it is well for us to come back to fundamentals every now and then.

It is well known that no health officer or teacher can by any effort implant brains and intellectual capacity into the minds of school children. They must inherit such capacity from their parents. The health officer and the teacher, however, can do a great deal toward cultivating and enlarging and expanding the brain capacity which is inately present in the child and can by intelligent and persistent efforts provide an environment which would be suitable to the healthy development of the child and can also by well directed efforts in the field of personal hygiene aid the child a great deal in development of his mind and body.

Through long experience, health officers and teachers have found that there are a few fundamental handicaps which almost invariably block the development of the child mentally

and physically. Naturally, they have the problem of communicable diseases to deal with. There has been found no specific remedy for colds and respiratory infections which may be operable on a large scale. Such diseases as measles continue to decimate the attendance of school children temporarily to the point where it is necessary to frequently close the schools for a week or two. These problems are being gradually worked out and it will take time to solve them.

It is still a fact, however, that the several obstacles in school work from a health standpoint remain, as the common handicaps which are apparent to any observing person, such physical handicaps as a lack of proper nutrition, visual defects, hearing impairments, and above all, decayed teeth. In addition, there remains a large percentage of school children troubled periodically, if not constantly, with infections of throats incident to diseased tonsils and adenoids which hinder a great deal the progress of the child from a health standpoint.

It is always poor policy to point out the presence of problems of any kind in the field of public health and education without at the same time offering some suggestions as to removal, or rather solution, of such problems. In spite of the fact that school nurses have been ridiculed and called "little tin doctors" by some authorities who should know better, and in some circles it is thought that the tendency to routine inspection of school children by nurses with recommendations for removal of handicaps has been looked upon as tiresome efforts and favored only by profes-

sional health officers and nurses, the fact remains that these fundamental handicaps still retard the progress of many thousands of school children in this State every year.

It must be noted that there are a large group of children who enter the schools every year for the first time who have never had the benefit of any kind of physical or mental examination, and who have never come in contact with physicians or dentists. This veritable army of children should have the advantages of the screening process begun by the teacher, extended by the nurse, acted upon by the health officer or school physician, and finally completed by the family doctor or dentist or clinician removing these handicaps.

In conclusion, we want to issue what the newspapers might call a warning to teachers, nurses, school physicians, that first things should be put first in all inspection of school children in the search for physical defects or handicaps to their health and progress and a beginning should be at the point most likely to be the cause of the trouble. That point about five times out of ten is a nutritional disturbance. The children do not get the proper food or do not eat the proper food in sufficient quantity or do not take the time three times a day to consume properly prepared food in sufficient quantity. The diet is deficient in milk. It is too heavy in food items that are harmful to the child, or the habits are altogether wrong. Therefore, the first step is to correct the nutritional failings. Then the next step should be the careful examination of the child's teeth. It may be that a mouthful of decayed teeth are having something to do with the nutritional disturbance, it may be the other way around and the nutritional disturbance may be adding to the rapid decay of the teeth. It is only

common sense to know that the nutritional disturbances should be remedied and that the teeth should receive the competent and continuous attention of a good dentist until remedied insofar as humanly possible. The next step should be the possibility of throat infection, diseased tonsils and adenoids, and various like disturbances which may be present. If these three items are properly attended to, then the chances are that many defects in hearing and in vision will be eliminated without further treatment or attention.

In the whole State of North Carolina at present, it is nothing short of a tragedy to go into the schools and see numbers of small children blossoming out with fine new shiny eye glasses, reminding of the crocuses pushing up through the decayed leaves in the woods in the spring of the year. These glasses are generously provided by fond parents, by social workers, by teachers, and all other agencies active in this field, with a worthy motive. But as stated above, in the majority of cases, especially in children under ten years of age where eye glasses would seem to be needed for eye defects, if proper medical attention or dental attention is forthcoming first, that is, the nutrition built up to normal, teeth remedied, throat operations done if necessary, in six months time no glasses of any kind will be needed. The same thing applies to some forms of hearing defects. The hearing defects that are harder to do anything for are those caused by middle ear diseases which many times are based on hereditary defects from one or both parents. Even then, proper attention at an early age will go a long way toward setting the child straight.

Nothing should be construed in the statement just made as an objection

to the provision of eye glasses, when needed, but the point is made and here repeated that no eye glasses should be contemplated until a thorough medical examination is made, and until a good dentist has placed the child's teeth in good shape, and until the nutrition is brought to nor-

mal and any throat operation needed is done.

*This article was prepared by request to be published in the May First Annual Baby Edition of the Winston-Salem Journal and Sentinel.—Editor.

**TOTAL NUMBER BIRTHS AND DEATHS UNDER 1 YEAR OF AGE
(Exclusive of Stillbirths) IN EACH COUNTY WITH RATE PER
1,000 LIVE BIRTHS: 1936**

COUNTY	BY PLACE OF BIRTH			BY PLACE OF RESIDENCE			COUNTY	BY PLACE OF BIRTH			BY PLACE OF RESIDENCE		
	Total No. Births	Total No. Deaths	Death Rate	Total No. Births	Total No. Deaths	Death Rate		Total No. Births	Total No. Deaths	Death Rate	Total No. Births	Total No. Deaths	Death Rate
Entire State	76,321	5,221	68.4	76,277	5,221	68.4	Johnston	1,521	86	56.5	1,572	118	5.8
Alamance	1,005	35	34.8	1,005	41	38.9	Jones	287	20	69.7	296	24	1.4
Alexander	310	16	51.6	317	17	53.6	Lee	380	22	57.9	369	20	55.1
Alleghany	166	15	90.4	168	13	77.4	Lenoir	898	110	122.5	855	92	7.4
Anson	705	51	72.3	695	51	73.4	Lincoln	546	26	47.6	528	23	43.8
Ashe	543	31	57.1	554	32	57.8	McDowell	543	35	64.5	546	35	64.4
Avery	440	19	43.2	357	19	49.1	Macon	450	23	51.1	444	28	6.1
Beaufort	879	70	79.6	845	58	68.6	Madison	550	25	45.5	559	24	43.6
Bertie	691	67	97.0	699	69	98.7	Martin	767	49	63.9	787	56	1
Bladen	721	55	76.3	743	58	78.1	Mecklenburg	2,642	199	75.3	2,519	182	7.2
Brunswick	380	22	57.9	396	24	60.6	Mitchell	420	24	57.1	427	24	56.6
Buncombe	1,873	125	66.7	1,823	123	67.5	Montgomery	307	15	48.9	329	16	8.8
Burke	772	83	42.7	784	32	40.8	Moore	501	22	43.9	496	21	42.2
Cabarrus	905	58	64.1	1,006	65	64.6	Nash	1,416	123	86.9	1,407	111	8.0
Caldwell	915	54	59.0	911	55	60.4	New Hanover	933	85	91.1	840	56	6
Camden	101	12	118.8	105	13	123.8	Northhampton	608	34	55.9	645	38	6.2
Carteret	385	20	51.9	383	20	52.2	Onslow	482	40	83.0	499	48	6.6
Caswell	420	18	42.9	451	20	44.3	Orange	358	21	58.7	422	29	6.8
Catawba	1,032	52	50.4	1,053	56	53.2	Pamlico	218	22	69.2	222	22	9.9
Chatham	453	30	66.2	467	37	79.2	Pasquotank	336	22	65.5	333	21	6.2
Cherokee	443	15	33.9	443	14	31.6	Pender	412	21	51.0	437	29	6.6
Chowan	246	21	85.4	250	22	88.0	Perquimans	205	16	78.0	211	17	8.0
Clay	112	8	71.4	119	9	75.6	Person	622	41	65.9	644	47	7.4
Cleveland	1,265	60	47.4	1,275	63	49.4	Pitt	1,381	125	90.5	1,396	181	9.3
Columbus	1,107	94	84.9	1,147	99	86.3	Polk	199	18	90.5	200	9.5	4.5
Craven	621	57	91.8	632	61	96.5	Randolph	775	38	49.0	798	38	38.2
Cumberland	1,125	95	84.4	1,066	75	70.4	Richmond	732	42	57.4	740	43	5.8
Currituck	98	7	71.4	101	7	69.3	Robeson	2,069	165	79.7	2,026	165	1.1
Dare	135	10	74.1	138	10	72.5	Rockingham	1,230	88	71.5	1,250	93	4.1
Davidson	1,075	54	50.2	1,093	58	53.1	Rowan	1,225	78	63.7	1,231	80	5.5
Davie	339	19	56.0	353	20	56.7	Rutherford	1,013	38	37.5	1,013	43	2.2
Duplin	990	55	55.6	1,022	69	67.5	Sampson	1,171	64	54.7	1,196	74	5.1
Durham	1,628	183	112.4	1,366	126	92.2	Scotland	500	41	82.0	508	41	10.0
Edgecombe	1,156	94	81.8	1,151	98	85.1	Stanly	687	32	46.8	674	34	50.0
Forsyth	2,366	164	63.3	2,290	157	68.6	Stokes	526	27	51.3	548	34	6.4
Franklin	651	32	49.2	666	34	51.1	Surry	1,043	75	71.9	1,014	72	1.1
Gaston	1,779	151	84.9	1,828	156	85.3	Swain	340	11	32.4	343	15	1.4
Gates	210	9	42.9	216	11	50.9	Transylvania	253	13	51.4	255	15	1.1
Graham	142	10	70.4	145	10	69.0	Tyrrell	144	14	97.2	144	14	1.4
Granville	735	53	72.1	744	55	73.9	Union	931	60	64.4	946	61	4.4
Greene	524	39	74.4	550	45	81.8	Vance	688	47	68.3	686	48	7.0
Guilford	2,650	159	60.0	2,587	153	59.1	Wake	1,948	167	85.7	1,942	161	3.2
Halifax	1,444	101	69.9	1,423	101	71.0	Warren	690	58	84.1	701	59	4.4
Harnett	1,059	58	54.8	1,002	73	66.8	Washington	262	27	103.1	263	28	1.1
Haywood	811	46	56.7	816	47	57.6	Watauga	423	18	42.5	445	12	2.2
Henderson	545	37	67.9	533	39	73.2	Wayne	1,216	88	72.4	1,216	87	39.3
Hertford	415	40	96.4	428	43	100.5	Wilkes	952	54	56.7	962	54	5.6
Hoke	331	17	51.4	342	18	52.6	Wilson	1,225	130	106.1	1,211	129	1.0
Hyde	170	9	52.9	174	9	51.7	Yadkin	455	25	54.9	500	26	5.8
Iredell	1,088	74	68.0	955	62	64.9	Yancey	405	12	29.6	412	12	2.9
Jackson	480	31	64.6	483	31	64.2							



The

The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Board, Raleigh, N. C.

Vol. 53

JUNE, 1938

No. 6



JOHN D. KERR, M. D., CLINTON, N. C.

Injured in an automobile accident March 12, died in a Wilmington hospital four days later.

(See Editorial—Page Three)

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
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Chickenpox	Infantile Paralysis	Tubercu'losis
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives
Infant Care. The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

In Memoriam: Doctors McBrayer and Kerr	Page 3
Midwife But Not Mother	Page 4
Public Health and Teachers Institutes, 1917-1938	Page 5
Health Institutes With Public School Teachers	Page 6
Public Indifference to Physical Welfare	Page 9
Home Scene	Page 13
Child Health Day Observed in North Carolina	Page 14
Participants in May Day Health Wedding	Page 16

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In Memoriam: Doctors McBrayer and Kerr

THE Health Bulletin is not a newspaper. No attempt is ever made to record the items of general personal news in the field of public health. Its purpose is almost solely educational. It is seldom that an obituary notice appears in its pages. Recently, however, two men have died, both of whom had a great deal to do with the development of public health work in the last 25 years.

Nearly a quarter of a century ago, when the Editor first pulled up a chair to the desk assigned him in the office of the State Board of Health, he found Dr. McBrayer present at the first staff meeting as Chief of the Bureau of Tuberculosis and Superintendent of the State Sanatorium. The following ten years, from 1914 to 1923 inclusive, were momentous years in the development of public health work in North Carolina. During those years the State Sanatorium was under the direction of the State Board of Health and Dr. McBrayer built it up into one of the most efficient institutions in the country. Following his retirement in 1923 he devoted his time to the work of the North Carolina Tuberculosis Association, of which he was Managing Director, retaining that office almost up to the time of his death. He thus contributed in many ways substantial aid in the control of tuberculosis and the expansion of the public health program throughout the State. In his capacity as Secretary of the North Carolina State Medical Society

for so many years his services to the cause of public health were invaluable. In suitable resolutions adopted by the Board of Directors of the North Carolina Tuberculosis Association following his death, we quote the following:

"To him a sanatorium was not a mere hospital where patients pursued the cure. It was a well organized center of directed human living where patients were given the highest type of social as well as medical aid. In these objectives he was satisfied only with the best and all who worked with him came under the spell of his inspiration."

Dr. John D. Kerr of Clinton had been a personal friend of the Editor from boyhood. He made a splendid health officer for Sampson County for several years. He went to France in the World War and suffered at that time some impairment to his health. However, for the last twenty years as health officer and practicing physician in the town of Clinton, he served his section with superb ability. Dr. Kerr was an example of the many physicians still practicing medicine in North Carolina of the best type of the old time physician of song and story. He never commercialized his profession. He was never known to refuse a call because of inability of the patient to pay him. He had the peculiar faculty of making any human being feel at ease in his presence.

His death was tragic in that it was

so unnecessary, the result of a collision with another car operated by a reckless driver. On the day of his funeral, every business house in Clinton, a town of some 4,000 people, was closed and the whole countryside turned out to pay the last tribute. Former patients by the hundreds attended, literally swarming all over the place at his home and at the church and cemetery, every one of them sincerely grief stricken.

In the thirty years of his practice, he was never known to keep an account or send a bill to any patient. He looked upon his patients as his friends and depended upon them to supply the needs for himself and his family and he demanded no more for himself than his patients had. We record this notice here because we want to place in the permanent records this evidence, so that future generations may know that in 1938 the people of North Carolina appreciated the qualities of the country doctor and gave him their support and their love and esteem to the same extent that our ancestors did in 1838, in every case where he merited such esteem. We feel that there are many of them as unselfish in their services as Dr. Kerr was. North Carolina can never have too many health officers and too many practicing physicians of his type.

The Editor of the Health Bulletin feels that he has been a better physician and a better health officer through his friendship with these two men.

Take a Vacation

With June comes the lure to take a vacation. This is nature's call to keep fit and ward off disabling diseases. The person who fails to heed this call runs a great risk in losing his health and efficiency.

Midwife But Not Mother

(Upton G. Wilson, *Reidsville Review*)

Midwives, who deliver almost one-third of the babies born in North Carolina each year, charge about one-fifth as much for their services as doctors do under similar circumstances, we hear, and rarely collect what they charge. One of the sisterhood lately tried to do something about it. A case of the worm turning. But she had little success. What she tried to do was to file a laborer's lien on an unpaid-for infant she delivered, but the court was not sympathetic. She was told if she attached the baby she would have to keep it. She didn't attach it.—Charlotte News.

Education In Successful Living Wanted

That there is needed a well rounded preparation for marriage and family life is not only seen by judges of domestic relations courts, social workers, newspapers, and others, but it is being demanded by student bodies as part of their education for living. Married men and women also who are interested in successful living are reaching out for information that will guide them in making the adjustments necessary to a successful family life.

Carolina and Duke Universities are now offering courses in Marriage and Family Life under the supervision of Dr. E. R. Groves.

Printed on the bottom of the letter heads used by the North Carolina State Board of Health are these words: "When in Raleigh visit your State health department." We don't know who originated the idea, but we like it.

The above is from the Sampson Independent, and it reminds us that it was Dr. James M. Parrott, former State Health Officer, who first put it on our letter heads.—Editor.

Public Health and Teachers Institutes 1917-1938

AN article published immediately following this editorial written by Dr. Roy Norton, describing the recent series of health institutes for teachers, calls for a brief comparison between conditions now and those existing twenty-one years ago when the Editor conducted a one-man series of institutes similar in character, although of course much limited, to those just completed.

The Legislature of 1917 under the leadership of Governor Bickett, which will probably go down in history as one of the most important sessions ever held in North Carolina, created among other things a thorough re-organization of the State's public school system. A part of the new plan was for the State itself to assume responsibility for the conduct of teachers institutes throughout the State that summer. These institutes were to take the place of the private and semi-private summer schools which had been the sole dependence of teachers previously for refresher courses in their profession. Previously, the teachers had had to pay tuition to attend such sessions which generally were known as summer schools for teachers and ran about four weeks in almost every county. When the State took over this responsibility, the Legislature provided for the appointment of six officials known that summer as institute conductors. The institutes ran for two weeks at a time and the teachers of one or more counties were required to attend. Three men and three women were selected by the Department of Education under Dr. J. Y. Joyner, who was then Superintendent of Public Instruction, to conduct the institutes. These officials were

Dr. J. Henry Highsmith and Miss Hattie Parrott, both still with the Department of Public Instruction, the late Dr. Arch T. Allen, who later became Superintendent of Public Instruction, and the late Miss Susan Fulgham, and Mr. D. F. Giles, who had formerly been Superintendent of Schools of Wake County, and Mrs. T. Edgar Johnson. Dr. Joyner consented for the Editor, who was then Director of the Department of Medical Inspection of Schools for the State Board of Health, to have one hour on the program of every institute. Everyone was visited and a demonstration made of the examination of a child and a brief lecture on the health needs at that time was presented. These efforts, although exceedingly modest at the time, resulted in a few teachers in every locality visited becoming more interested in the necessity for better health teaching in the schools and for more definite efforts toward the prevention and correction of physical defects.

One, two, and three teacher schools were very common in that day. Teachers received on an average from about one-third to one-half the pay they receive now. A comparatively small percent were college graduates. The school term was much shorter, only a very small percentage of the schools in the country districts were found to have even the most rudimentary system of drinking water supplies and sanitary facilities for either sex. The State Board of Health had just begun to make progress in the control of such widespread diseases as typhoid fever, schools were frequently suspended on account of outbreaks of smallpox, the death rate from diphtheria was high, tuber-

culosis was about twice as prevalent, etc. The fundamental needs, however, of the school system in that day and in the present, as demonstrated in these institutes was then and is now practically the same, that is the need for definite information by every child as to how to protect himself from any kind of preventable disease and the necessity for the facilities to be present to enable them to put such information into practical effect.

In 1917, when the real motives of the work was understood by the teachers, most of them heartily cooperated. The same thing may be said of the recent efforts. It is earnestly hoped that such work may be a definite part in the State at sometime during every year for the teachers of every county.

Dr. Norton's excellent description of the efforts made by him and his associates follows.

Health Institutes With Public School Teachers

By ROY NORTON, M. D.

Asst. Director, Division of Preventive Medicine, State Board of Health

BEGINNING March 10 and extending through April 28, thirty-four Health Institutes were held with public school class room teachers, principals, and superintendents throughout the State. These programs were planned and presented through the cooperation of the State Department of Public Instruction, Division of Instructional Service, Mr. J. Henry Highsmith, Director; the State Board of Health, Division of Preventive Medicine, Dr. George M. Cooper, Director; and the State College Extension Division, Home Demonstration Service, Miss Ruth Current, Director. These Institutes followed a similar plan developed and carried out during the early years of Dr. G. M. Cooper's connection with the State Board of Health when he was full time director of school health supervision.

The State Department of Public Instruction sent requests to superintendents and principals that class room teachers be relieved of their regular duties at least by 2 o'clock on the day of the meeting to be at-

tended and that credit be allowed toward one of the required meetings of county teachers. Staffs of county, city, and district health departments and local home demonstration agents also attended the meetings.

The purpose of the Institutes was to promote more effective teaching of health in the public schools, to bring about a better appreciation of the place health deserves in the school program, and to stimulate a revival of interest in proper health practices and procedures for pupils and teachers. The slogan of the Institutes was "Better Health for Better Learning and Living."

The programs were designed to last from 3 o'clock to 6 o'clock except those held on Saturdays when the time was 9:30 to 12:30. The order of appearance on the program was as follows: Representative of the State Board of Public Instruction, physician from the State Board of Health, public health nurse from the State Board of Health, and nutritionist from State College.

Several representatives of the

State Department of Public Instruction alternated in their participation in the programs: J. Henry Highsmith, A. B. Combs, H. Arnold Perry, Charles E. Spencer, Miss Hattie Parrott, and Miss Julia Wetherington. Consideration was given to the general courses of study in health along with the objectives, activities and results to be expected. Attention was called to the fact that the primary objective of a public school program is the protection and promotion of health. Whatever subject or grade may be handled by the class room teacher, she is expected to give due consideration and a proper allotment of time to health work. First grade teachers and principals were requested to place additional emphasis on Beginners' Day programs and Pre-school clinics.

Dr. George M. Cooper and Dr. Roy Norton were the State Board of Health physicians participating in the Institutes. Large charts were prepared showing the leading causes of illness and the leading causes of death among school children. This information was further separated according to causes most important in ages 5-9 years, 10-14 years and 15-19 years. Mimeographed sheets containing this information were passed out to those in attendance. Mimeographed sheets containing information regarding sanitary facilities in the schools and suggestions for minimum standards were also passed out. Attention was called to special hazards of the present public school system such as limited period of income for teachers, polluted drinking water, insanitary disposal of human wastes, inadequate hand washing facilities, over-crowded school rooms and buses, improper seating and lighting arrangements, the promiscuous use of dangerous drugs, improper balance of rest and

exercise, and malnutrition. Suggestions were made regarding the control of contagious diseases, the detection and correction of physical defects and prevention of undue emotional strains. It was emphasized that with less than 500 public health workers in our local health departments and with about 23,000 teachers in the state, it is urgently necessary that both groups cooperate closely and also obtain the participation of interested local agencies in order to cut down the present lag between the acquisition and utilization of health information.

Mrs. H. P. Guffy, Public Health nurse of many years' experience with the State Board of Health, handled the public health nursing part of the program in each of the 34 meetings. She stressed the importance of daily observation by teachers of every pupil in the class room in order to obtain early detection of contagious diseases and prevent their spread and in order also to promote cleanliness and check the progress of various physical defects. She stressed the importance of a careful general inspection of each school child early in the school year in order to get defects remedied. Mrs. Guffy gave a demonstration of the daily inspection that teachers can and should make including a demonstration of the monthly weighing and measuring of children. She brought out the fact that when the teacher is health minded and strives to learn what may be handicapping her pupils she can make use of her frequent contacts with parents and her monthly reports of work to call attention to the handicapping defects and get them remedied. No other individual in the community is in as strategic position to promote health teaching, to correct misconceptions, and to get pupil defects remedied as the public school teacher.

Discussing the part that nutrition plays in a school health program were Miss Mary E. Thomas and Miss Sallie Brooks of the State College Extension Division. Mrs. Katherine O'Neil, Home Demonstration Agent in Macon County, Dr. Cora E. Gray, Head of the Home Economics Department of Catawba College, in Salisbury, Mrs. A. E. Bloxton, Head of the Home Economics Department of Eastern Carolina Teachers' College at Greenville also cooperated in one or more of the programs. Excellent charts and posters along with distribution of printed leaflets and pamphlets were made use of. The purposes of the various types of foods, the hazards of deficiencies of various items such as minerals and vitamins and the vital importance of properly balanced and properly prepared meals were discussed. The importance of checking to see that school children and school teachers get adequate breakfasts and lunches was emphasized. The planning of meals was also discussed. It was brought out that attention to proper nutrition is important in the prevention of night blindness, pellagra, rickets, and other deficiency disorders and in the promotion of optimum health conditions for effective study and work. Proper nutrition is also of vital importance in the increase of resistance to communicable diseases and in the prevention and cure of various body disorders.

The 34 Institutes were attended by about 7,880. At the foot of this page is a list of the places at which meetings were held along with the approximate attendance at each.

During these meetings questions regarding local problems and suggestions for the correction of present deficiencies were discussed. It seems that another step has been made toward a closer understanding and co-operation between the public education and public health agencies of the State. Constructive suggestions are welcomed. What are the most urgent health needs in the schools of your community? How can health teaching and health services be supplied and efficiently maintained at lowest cost?

A most progressive step has been taken and the way opened for a better correlated and more effective health program in the public schools. From this series of hurried institutes may very well develop a well wrought permanent program of pupil and teacher health conservation that can do much in promoting more efficient and happy living for many generations in North Carolina. The gleam is clearly in view and, as did Merlin, we must "after it, follow it, follow the gleam."

Sanford	200	Hendersonville	250	Roxboro	200
Albemarle	310	Shelby	600	Wilson	175
Monroe	100	Gastonia	500	Smithfield	200
Asheboro	300	Statesville	500	Rocky Mount	140
Rockingham	205	Salisbury	300	Weldon	115
Lumberton	305	Burlington	175	Windsor	230
Yadkinville	300	Fayetteville	125	Elizabeth City	230
Wilkesboro	225	Whiteville	175	Greenville	150
Boone	200	Burgaw	200	Beaufort	140
Asheville	200	Kinston	145	New Bern	150
Cullowhee	175	Goldsboro	150		
Andrews	200	Henderson	310		

Public Indifference to Physical Welfare*

By ROSCOE D. McMILLAN, M.D., Red Springs, North Carolina

(From April Issue Southern Medicine and Surgery, Charlotte)

THE title reminds of a story I once heard of a man who stammered going hunting with a man who had St. Vitus' dance. They had one gun together. After they reached the swamp lands, the man who stammered saw a squirrel in a tree, took dead aim, fired and missed. Just then the squirrel moved around on the other side of the tree, and the man with St. Vitus' dance grabbed the gun; but just as he put it to his shoulder he was seized with an attack; so he aimed very much in this manner (illustrating). Finally he pulled the trigger and the squirrel fell. The man who stammered excused his own failure with: "N-n-n-no wonder you killed him. You aimed all over the whole tree."

I could aim all over the field of medicine, but I do hope to confine my remarks to preventive medicine, from the viewpoint of the physician and that of the laity. About five years ago while pursuing another line of duty requiring traveling a good deal over North Carolina, I saw a sign many, many times—"Slow Down and Save \$10." Of course, my thoughts were never completely diverted from the general practice of medicine; and particularly in this fast-driving, hard-working age, with human beings jostling each other at every turn, I had a mental sign of Old Father Time as the signpost pointing to the physician, business man, etc., saying in large letters, "Slow Down and Save 10 Years." The graveyards of America are filled with human beings who die too soon. The average

useful man in the United States takes into the grave with him ten years of useful work lost forever. Then I might change the title of my paper to—"Ten Years Going a-Begging." Would that we could impress upon ourselves as well as the public that geriatrics may supersede pediatrics! The slogan "Save the Baby" would have to share its popularity with: "Grow old along with me! The best is yet to be, the last of life for which the first was made."

The man who dies in middle age represents, from the cold, calculating, financial point of view, a loss infinitely greater than is represented in the death of a young child. The man of fifty has been a charge on the community for the first twenty years, during which he produced little or nothing. The schools have taught him; fathers, mothers, doctors and teachers have taken care of him and devoted much time to him. The farms have fed him; the factories have dressed him; shoemakers have shod him. Scores have contributed to keep him alive. At twenty he begins to be useful; at forty still more useful if he is of the right sort; and at fifty his really important work begins. And at fifty, or shortly afterwards, tens of thousands of the most useful Americans stop suddenly and go down into the grave because they have neglected the words of that mental sign Father Time is saying—"Slow Down and Save 10 Years."

Go to a club of American business men where they sit without hats and you have no trouble picking out the men past forty. They are all bald. Look closely at their faces and you will see them pale, the majority of

*Presented to the Annual Meeting of the Tri-State Medical Association of the Carolinas and Virginia, February 21st-22nd, Asheville, N. C.

them with deep lines. You see written in those faces too much time given to work, not enough to fresh air and the making of new blood that the brain must have to do its work.

John B. Murphy constantly impressed upon his patients of middle age that they must rest in the middle of the day. "Stop the engine, lie down, sleep for five minutes, if you can—at least rest your mind and body for ten or fifteen minutes. Then you can go on again and you may live long." He advised wisely; yet, he worked himself to death. His friends called him; his patients called him; the hospital where he worked for charity called him; doctors all over the country clamored for his help. He was the typical self-driving American; and when he should have been entering on ten more years of his best work, he was dead. So much for one able representative of our profession, which is so typical of many, many more.

Slow Down and Save 10 Years

We are here to look at this world, to realize its beauty, to walk through it—not to rush through it. Life is not a steeplechase. Man should lift his eyes often to the sky, the sun, the stars. He should have time for the trees and the green fields and for hobbies. He is a body as well as a mind. The mind depends upon the condition of the body. The body that is merely a galley-slave cannot produce a mind worthy of a human being. You do not lack warning. Your tired mind as you try to concentrate, your tired legs and back as you walk up the stairs, your restlessness after eating—a thousand warnings tell you to slow down.

The English, the French and the Italians are wiser. They value life; they know the worth of later years. They stop when they have done enough for one day and begin fresh

the next day. Not so with the American. When he has done enough, he lashes himself and does more. Finally, he drives himself into the grave when his best work should be beginning.

Which is the wiser—to have the slower and longer-lived grave digger say, Here comes another one of those who were in too much of a hurry, or to heed the advice you are listening to this afternoon.

The richest and the least worked mine of health, happiness and potential wealth lies in the field of preventive medicine. The achievements of modern medicine during the past thirty or forty years may be fairly called stupendous; and yet so much remains to be done for the organized conservation of health and life and physical well-being that the battles of the future press harder for attention than the victories of the past.

Elderly medical men have seen hospital gangrene reduced from a scourge to a curiosity; puerperal fever so controlled as to have become as much a scandal as a tragedy. Yellow fever, thanks to the heroism of the Army doctors¹ and their assistants, has been almost rooted out. Tuberculosis has been bereft of much of its terror. Diphtheria, the dread menace of childhood, is in full retreat and would have long ago been routed except for ignorance and prejudice. Smallpox still appears where it is invited, but enlightened vaccination laws have everywhere proved their effectiveness. Insulin, the great Canadian contribution to the medical armory, prolongs the life of diabetics. Serum and vaccine therapy, which have not yet reached their high peak of performance, are doing an inestimable service in the treatment of pneumonia, scarlet fever, diphtheria and epidemic meningitis, as well as the staving off of typhoid, diphtheria, te-

1. Who took their cue from the Cuban Dr. Carlos Finlay.—Editor.

tanus and smallpox. Advanced treatment of the diseases of childhood is forestalling grave after-effects, once common, such as impaired hearts and irreparable loss of sight and hearing. Blindness of infectious origin in newborn babes has become so easily preventable that its occurrence has almost the force of an indictment against the attending physician. Early removal of adenoid tissue, diseased teeth and tonsils is known to be an almost certain preventive of a long train of serious disorders. The preventive, as well as the curative powers of the expert employment of ultraviolet rays whether derived from sunlight or from artificial sources, are rapidly being brought into action.

The result of these and of other advances is that during the past generation ten years have been added to the span of human life. This long series of medical triumphs, glorious as it is, loses much of its glamor when we reflect that if the public gave us full swing they could add another ten years almost immediately. It is a lamentable fact that the rear guard of medical practice is still ten years behind the van of medical science. In most large cities, and in many small ones, medical and surgical service of the highest order is readily obtainable. Some parts of the country are blessed with admirable boards of health which have effective supporting legislation behind them. Municipal and rural sanitation is of the most enlightened character, and work among school children is rearing a race of sturdy young Americans free from all avoidable handicaps and disabilities.

Unhappily, there are still larger areas in which no such bright picture exists. Thriving cities might be named which are years behind the times in the fundamentals of sanitation. Polluted water supplies are not

uncommon. Open drains are still to be seen and modern sewerage systems are conspicuous only by their absence. Old-fashioned out-houses are perennial sources of infection; impure and often dirty milk supplies threaten the lives of infants. Undrained swamps breed mosquitoes, and neglected filth brings disease-bearing flies. In the aggregate there must be hundreds of thousands of square miles of rural territory which lack well-equipped physicians, proper facilities for the diagnosis of disease, modern hospitals and qualified nurses.

There are communities in the South and Southwest where the most modern practice has been adopted; but there are still others in which conditions are utterly at variance with the high level of prosperity and intelligence characteristic of the nation as a whole. There are no public channels into which the South can more wisely pour liberal appropriations of its new-found wealth than those which lead to health, comfort and the prevention of disease. No one knows this better than the medical men of the South. Parts of the North and Northwest are equally behind. Nothing is too good for them in the way of tangibles. They have costly roads, motors, radios, musical instruments and all the amenities of modern American life. It is right that they should have them; but it is not to their credit if they neglect such intangibles as health and education.

Preventive medicine should begin in the home. It should start with the habit of having periodical examinations, two or three times a year for young, old and middle-aged, annually for those in their twenties and thirties. Every young mother should have authoritative knowledge of the milk and water supplies that come into her home. She might very well

read one of the excellent health magazines published for nonmedical readers. She should have first-hand acquaintance with the sanitary conditions of the schools her children attend. The habit of reporting to local officials every menace to health observed would keep them on tiptoe, for it would be evidence of popular interest in their work.

Good housekeepers and mothers are natural health officers. They can do a world of good by familiarizing themselves with the health work done in the public schools and seeing that it is adequate in scope and thoroughness. Their husbands can preach the extension of preventive work and use their influence to obtain suitable appropriations for state and local activities. Newspaper editors have at their command an abundant supply of material bearing upon local sanitary conditions and public-health measures. Progressive young doctors will meet them half way and assist right-thinking reporters in turning out copy which is solid and sensible rather than sensational, and which will be worth while because it will accomplish definite results.

Nationwide effort along these lines would substantially hasten the day when we doctors can hand the public ten additional years of life that are waiting for them but which they have not the intelligence or the imagination to grasp. Much fatal heart trouble is preventable. A large portion of cancer cases are surgically curable if initial symptoms are instantly reported to competent medical men. Much of the deafness and blindness of later life is readily avoidable. Many a case of ulceration of the digestive tract would yield to treatment if the sufferer would consult a good specialist instead of seeking temporary relief from the bicarbonate-of-soda bottle. The young

matron is already learning that she and her expected baby will have a better chance of life and health in a hospital than in a private home. Young children are clay in the hands of the skilled pediatrician and more often than not he can build up a puny weakling into a sturdy child. Blood pressure can be kept down and hardening of the arteries deferred.

If these things are worth while preventive medicine is worth while, for it keeps disease out of the system when it can and checks its first inroads when it must. With ten extra years of life going begging, such matters are worth thinking about and worth doing something about.

In conclusion I call your attention to the title, "Public Indifference to Physical Welfare." I blame this for unnecessary suffering and premature deaths among Americans today. It is a lamentable fact that the accomplishments of health boards, sanitary organizations and philanthropic bodies have been achieved with little or no cooperation from the individual. Medical science has more than trebled the life-span of the average citizen in the past four centuries, adding ten years to that span in the past twenty years. Yet people still object to being vaccinated against diphtheria, smallpox and typhoid. Our own legislature of 1935 refused to take advice from the medical profession of North Carolina, headed by such an able man as our own Past President, Dr. Paul P. McCain, in refusing to make compulsory vaccination for diphtheria among children. Can you blame the public for not taking full advantage of diphtheria and scarlet fever protective methods?

Now, may I ask, whose fault is it that the United States wage-earners lose 2,500,000 working days each year and school children more than 1,500,000 days because of sickness? Whose

fault is it that hospitals and physicians' offices are crowded with men and women suffering from degenerative diseases, due in great part to faulty hygiene or to inadequate treatment of previous diseases, many of them preventable? Whose is the responsibility for the thousands of cases of smallpox annually in the United States, and that this nation still stands in the position of having each year more smallpox cases than any country except Russia and India? The fault is that of the public. It is a personal as well as community duty that each citizen should make use of the opportunities that lie at his door and that he now so recklessly ignores.

HOME SCENE

"With medical and laboratory skill and equipment at our disposal," said Dr. F. S. Fellows of the United States Public Health Service, "there is no reason why syphilis should not be conquered in this State." Unfortunately, there are reasons: medical skill and laboratory equipment are not enough. The elimination of syphilis is not merely a health problem. Dark ignorance and deep poverty are almost as much the perpetrators of syphilis as are the spirochetes which doctors have learned how to find and kill. Consider this Raleigh home scene disclosed in the City Court of Raleigh on the same day on which Dr. Fellows spoke:

To prevent them from spreading their venereal diseases, Judge Wiley G. Barnes yesterday morning gave six months sentences to a diseased Negro youth and older Negro woman.

Police testified that the couple, Frank Perry and Wittie Allen, were

living together in a single room at 108 East Cabarrus Street, along with the woman's four minor children. The mother denied immoral relations, stating that the youth had roomed with the family in larger quarters and had followed them to the single room. She said he rented the bed while she and the children slept on a mattress on the floor.

A case worker testified that the mother had been infected with both syphilis and gonorrhea and lately had become reinfected. Perry was in such a condition Sunday that police summoned a doctor to treat him. Judge Barnes said the man would receive further treatment while serving his road term and the woman would be treated in the county jail.

The welfare department was notified to take care of the children, whose mother said they had failed to attend school for lack of sufficient clothing.

Sometimes in recent months men and women have considered themselves as enlightened and advanced because they spoke the dread word "syphilis" out loud. Indeed, such a candor in speaking of a plague which surrounds us all is an advance. But we need to go further in realization that syphilis in our times is a disease of ignorance and of community shame rather than individual shame. Not all the "606" in the world will rid Raleigh or North Carolina of syphilis so long as such poverty and housing is permitted. In this case, indeed, the poverty was a more savage and destructive disease than the syphilis. And the terribly contagious germ which spread it was social carelessness. That is a far more terrible plague than the syphilis which it includes. And the possibility of its cure is still far less certain.—News and Observer.

Child Health Day Observed in North Carolina

By MRS. J. HENRY HIGHSMITH, *State May Day Chairman*

THROUGH a state-wide observance of Child Health Day in North Carolina this year, we have reason to believe that children have benefitted in innumerable ways and that many permanent advances have been made in child health services. While it is too early and probably impossible to have complete reports of the May Day activities entered into in the interest of children's health, we have sufficient returns to warrant our feeling that definite gains have been made and that children have made progress on the road to health.

Through the cooperation of the State Department of Public Instruction we were able to reach a large number of the 900,000 school children in the State, with specially prepared May Day programs featuring health in songs, recitations, plays, contests, pageants and festivals. Who can estimate the potential health values derived from these children and their teachers taking part in the observance and magnifying the importance of personal health? Will it mean nothing to the six year Tommies who committed to memory and declaimed:

I'll fill my chest, and breathe my best
And stand up on my toes
Then down again and up again
The way a see-saw goes.

I'll watch my chin, and hold it in.
I'll hold my head up high.
And just you wait; I'll grow up
straight
Or know the reason why?

Or will the hundreds of groups of boys and girls who repeated together the following health pledge fail to get a new concept of their body and their responsibility for keeping it and making it serve its highest purposes?

"My body is the temple of my soul!"

Therefore:

I will keep my body clean within and without. I will breathe pure air and I will live in the sunlight. I will do no act that might endanger the health of others. I will try to learn and practice the rules of healthy living. I will work, rest and play at the right time and in the right way, that my mind may be strong, my body healthy and that I may lead a useful life and be an honor to my parents, to my friends and to my country."

More than eight thousand copies of a May Day-Child Health Day program, prepared by the Education Department of the State Board of Health, were placed either in the hands of teachers or sent to them by mail. Included were three health plays: "The Health Wedding," suitable for grades from one to four; "A Fellow's Best Friends," suitable for boys in grades five, six and seven; and "A Lesson From the Past," suitable for Junior or High School grades.

The lesson taught in the "Health Wedding," which is an adaptation of the Tom Thumb wedding, is that good health and happiness are ideal states of the home and are maintained and supported by the whole family of foods and certain other health factors. Mr. Good Health marries Miss Happiness. He has as attendants his friends and associates of the vegetable family. Mr. Bean is his best man, Messrs. Corn, Peas and Okra are his groomsmen, and Messrs. Radish, Beet, Celery and Parsnip are the ushers. Miss Happiness has as her maid of honor, Miss Lemon, and her matron of honor, Mrs. Orange. Her bridesmaids are Misses Pineapple, Peach, Grapefruit, Pear, Banana, and Tangerine. Flower girls are lit-

tle Misses Strawberry, Apricot, Cherry and Plum. Tommy Tomato is the ring bearer. He carries an onion ring on a carrot, and Peter Pepper bears the bride's train. Mr. Cauliflower is the announcer, Miss Rhubarb the soloist, and Mr. Pumpkin played the organ. Invited guests are other members of the fruit, vegetable and cereal kingdoms. Specially invited guests, who are announced on entering and are shown prominent seats in the audience are Dr. and Mrs. Milk, Mrs. Egg, Captain and Mrs. Steak, Colonel and Mrs. Fish, and several members of the Green family—Misses Lettuce, Spinach and Cabbage. Their lowly but most dependable neighbors, too, are there, Mr. and Mrs. Potato and Mr. and Mrs. Squash. Madame Sunshine, the bride's godmother, is present to give her blessing, while the Rev. A. C. D. Vitamin joins together Good Health and Happiness into the ideal state of home and family life.

The importance of a daily diet of well prepared foods, consisting of plenty of vegetables, fruits, cereals, milk, eggs and meat is brought home to the members of the audience in the lesson of the play and through the words of admonition of the officiating clergyman.

Surely, school children who saw "A Fellow's Best Friends" cannot soon forget the transformation that took place in Tommy Atwood after he was administered to by the good health fairies. Tommy was a neglected youth, undernourished and suffering from several physical defects. Since he was a worthy lad, the good health fairies visited him by night, took him in hand and through applied health rules and personal hygiene principles, wrought in him a marvellous change.

In "A Lesson From the Past" the sad truth is dramatized that diphtheria is still a most treacherous disease of childhood unless protection is had through immunization. The

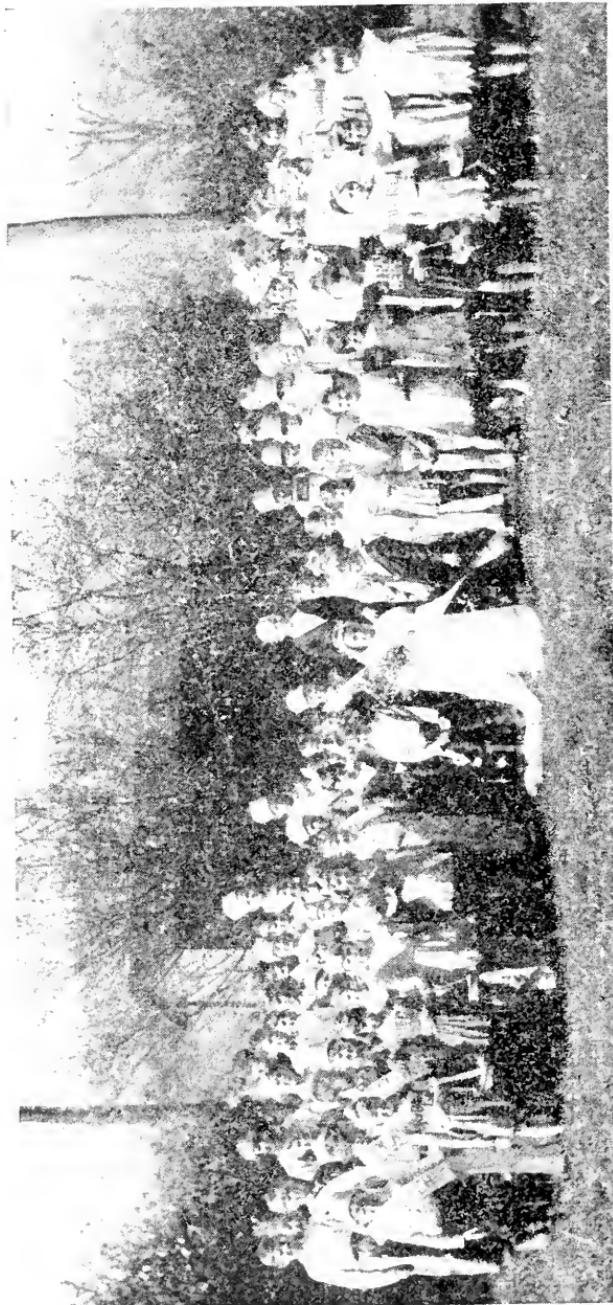
father of the young child is finally led to see that delay and indifference lead to tragedy. He becomes convinced that modern medical science in the discovery of toxoid is able to safeguard children from diphtheria and save parents from tragic suffering.

Through the cooperative efforts of county health officers and public health nurses, we believe, child health needs have been served where needs are greatest and service means most—in aiding needy expectant mothers.

What is more fundamental than helping a baby to get a good start from birth? The work that is being done in the 130 maternity and infancy centers in the State, serving over 10,000 mothers and their babies, is doing even more. It is helping mothers, many of them, to understand for the first time the essentials of prenatal care that are necessary to safeguard their own lives and that of their babies. The need for promoting this particular phase of public health work has been consistently urged by the State May Day Committee.

Another child health need that has been emphasized in May Day programs concerns the crippled child. Since the establishment of the Crippled Children's Service under the supervision of the State Board of Health, 11,935 crippled children have been located and treated. This number is sixty per cent of all the estimated crippled children in the State. Eighteen orthopedic clinics are now in operation which served last year 8,000 crippled children.

Through the press and the radio, surely the public has been made to feel that the health and welfare of little children is the first concern of the people, and that a community, county or state that fails to provide health protection for its children fails seriously.



PARTICIPANTS IN MAY DAY HEALTH WEDDING

Celebrating May Day-Child Health Day, the children in the second grades of Andrews school staged a Health Wedding in which Mr. Good Health marries Miss Happiness as the beginning of the ideal home. The play emphasizes that good health in the home is maintained through a variety of foods, cleanliness, good habits and other health factors. Thousands of other school children in the State took part in a similar Health Wedding this spring.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

JULY, 1938

No. 7



A FINE HEALTHY BABY

This little mother has a right to be proud of her fine baby. Before the baby was born she attended regularly the Maternity and Infancy Health Center in her community and followed the instructions of the physician and nurse. She is now having a visit from the public health nurse who calls occasionally to see that both mother and baby are doing well. There are many young North Carolina mothers who are well and happy today because they attended the health centers and learned how to care for themselves and their babies. How much better was this than risking a blind chance.

—Photo Courtesy Raleigh News and Observer.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
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Don't Spit Placards	Measles	Typhoid Placards
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Flies	Residential Sewage	Vitamins
Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives.
Infant Care, The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Notes and Comment	Page 3
Raleigh Woman's Club Dedicates Tuberculosis Preventorium	Page 5
Death Takes Miss Livingston	Page 5
Venereal Disease Treatment Available at 105 Places Covering Entire State	Page 6
Trained Nurse Indispensable in Today's Health Problems	Page 8
Investigate Your Child's Camp for Seven Essentials	Page 11
How Much Health Prevention Can Your County Afford to Buy?	Page 12
Book Review	Page 13
Recreation A Community Responsibility	Page 15
Children's Defects Should Be Corrected This Summer	Page 16

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Notes and Comment

By THE EDITOR

THIRTY years ago this month, the writer was practicing medicine in the town of Clinton. Sometime during the first few days of the month a man came to the office and said that a white family composed of a man, his wife, and four children, the children ranging in age from ten years to twenty, and who were tenants living in the usual type of tenant house common in that section of Sampson County in that period on a farm about two miles from town, were sick and needed a physician. This man was simply a neighbor and said that he had been to two or three older physicians, one of whom might be considered as the family doctor, if such a family in such circumstances, moving from farm to farm once a year, could be expected to have a family doctor. Someone had finally directed him to the writer who was then struggling to build up a practice, pay some debts, etc. He knew that the prospect of pay in such a case was out of the question. He knew also that at that season of the year he and all the other physicians in the locality were treating numerous cases of typhoid fever. His diagnosis could be made before he left the office.

The thought of refusing to go and render whatever medical attention could be given this family was not even considered. The writer went out and confirmed his preconceived diagnosis. The man's wife and the four

young ones were all stretched on the two beds in the hut and on quilts laid on the floor. Typhoid fever in its virulent type had stricken them all. There was no food, no one to nurse except the old man and he was worthless. The nearest hospital was Fayetteville and they would not take paupers with typhoid fever. Besides, it meant a twelve mile trip across the country before reaching the railroad, all of which was out of the question. There was nothing to do but set out and collect some bedding, etc., and towels and food, and recruit among the neighbors volunteer nurses. At that time typhoid vaccination was being discussed in the medical correspondence in the American Medical Journal from London. It was not being done in this country. It was in the experimental stage. Prevention for the neighbors except through the usual precautions about the disposal of waste and the boiling of drinking water was all that could be done.

The writer set out to do his best and all five patients finally pulled through, the last one getting out of bed along in November. The good people in Clinton had contributed food and material and the writer made 127 trips in his buggy, staying sometimes hours at a time to aid in the nursing and to administer the few drugs that he prescribed. The situation was unusual in that it was

seldom that an entire family would all be stricken, for the simple reason that in most cases some members of the family as in the case of the old man had previously had the disease. Otherwise, the situation was about what had to be confronted every year from May to October, and most of the time every physician would have to treat cases all through the winter months, although not so many of them.

After they all got well and got out in the fall, they proceeded in their usual course of thrifless, shiftless living. Not one of them expressed the least gratitude to the physician for his sacrifice, never even said thank you, and the old man later on whenever he thought he needed a dose of CC pills went to another doctor to pay his nickel for them or to a druggist. A young bank clerk in the town who knew of the situation, not only of the family but of the financial situation of the physician in attendance, made up a purse for the family but insisted on the physician accepting at least \$10.00 of the amount. This he reluctantly did and applied to the payment for some \$50.00 expended for rubbing alcohol and other necessary medicine used in the course of the long illness.

The writer had long been interested in preventive medicine. He had become convinced of the futility of continued efforts at treatment, medical care, and nursing in such cases and then and there determined to make a lifetime study of preventive medicine and to devote as much of his time in the future to that aspect as possible. There was no vital statistics compiled in the year 1908 in the state of North Carolina except a few sporadic efforts in the cities, in which the statistics were worthless. Had such statistics been computed accurately

as they are now, there could not have been less than three to four thousand typhoid fever deaths reported that year. Throughout the year there would have been reported, had morbidity reports been required, not less than forty to fifty thousand people suffering from the disease. Some of the people who died were among the best citizens of the State. It was a tax on the resources of every community to take care of the poor and to lose through death or disability the services of some of its best citizens everywhere.

The fight for the eradication of typhoid fever has been a long and arduous one. Many factors and many thousands of people throughout the world have contributed in one way or another toward the success of the efforts. So far, typhoid fever still remains with us, but today it is a minor consideration. There are, however, several sources of infection to make it possible for rapid increase and spread of the disease from one end of the State to the other, if precautionary measures should be relaxed even for one month. The measures which have contributed to the control of typhoid fever have been an increased appreciation of sanitation, safe disposal of human waste, screening of houses against flies, the provision of a safe milk supply, protection of all other foods against contamination through handlers and flies, through immunization by the use of typhoid vaccine, and most important of all, the scientific provision of safe municipal water supplies for most of the larger towns and all the cities of the State.

None of these measures just happened. They were all put into effect through long hard work by people who had to fight indifference, ignorance, greed and selfishness present in

every locality. Other problems today confront the workers in preventive medicine equal in importance to the typhoid problem of thirty years ago. Today, however, the forces are better organized, public opinion is better organized and the work is not beset with the same kind of difficulties that it was in the beginning. Indifference still remains, ignorance is widespread, and selfishness and shortsightedness on the part of some authorities still remain to be overcome. Many long hard years of work remain ahead before the State may be considered safe from the ravages of such diseases. But the prospects are stimulating and inspiring and the history of the beginning of the work should make every individual of the State support without stint the public health cause.

Raleigh Woman's Club Dedicates Tuberculosis Preventorium

The Woman's Club of Raleigh is to be congratulated on having built and recently dedicated a tuberculosis preventorium for underprivileged children of the community. This has been accomplished mostly through the sale of Christmas Seals, and contributions of time and services from the members and interested citizens. The building is a white framed structure consisting of a central hall and two identical wings to be used for boys and girls separately. Each will accommodate thirty or more patients and has adjoining bathrooms and a nurse's room. There is a central dining room and kitchen, a large fireplace in the main hall, and other needed equipment. Funds are already in hand for caring for thirty children this summer. The same schedule of care used at the State Sanatorium will be observed here.

Death Takes Miss Livingston

On May 26, following an illness of several weeks, Miss Katharine Livingston died in a Fayetteville hospital. For nearly a decade and a half Miss Livingston had been one of the most beloved and faithful school nurses employed by the State Board of Health. She was a member of a group of eight staff nurses in the department of school health work, who worked in the schools in winter and in summer helped conduct the educational clinics.

Hundreds of underprivileged children have been benefitted through her service. She was a crusader for better health conditions in the neglected rural areas. Her last activity was in the small negro schools of Chatham County, where due to exposure she contracted the illness which later caused her death. She was a Christian woman of the highest type; and her friendly smile and constant encouragement will be sorely missed by her comrades. She was buried under the great oaks in the family burial ground on the banks of the Lumber River in Scotland County, a short distance from the grave of her cousin, John Charles McNeill, North Carolina's greatest poet.

Venereal Disease Treatment Available at 105 Places Covering the Entire State, As Listed Below

By W. H. RICHARDSON

NORTH CAROLINA has more clinics operated by health departments for the treatment of syphilis than any other state in the union. This statement was made by Dr. F. S. Fellows, past surgeon, United States Public Health Service, now acting venereal disease consultant with the State Board of Health, following the announcement by Dr. Carl V. Reynolds, State Health Officer that, on June 1, there were 105 such clinics, scattered throughout the commonwealth.

"So far as I know, no other state can match this number," Dr. Fellows said.

In making the announcement, Dr. Reynolds pointed out the fact that none of these present clinics was the result of money from the Smith Reynolds Fund but emphasized the prospects for a greatly increased number when the proceeds from this fund, which has placed North Carolina far in the lead in its war on syphilis, have been put to work. North Carolina also stands out, he said, as the state, one of whose representatives in the Congress of the United States, A. L. Bulwinkle, introduced, with Senator LaFollette, the measure which will eventually mean the eradication of syphilis, if put into operation as its sponsors intend it should be.

For the information of the entire State, Dr. Reynolds has announced the locations of venereal disease clinics, together with the time each operates, as follows:

Ahoskie, Thursdays, 2 p. m.; Albemarle, Wednesdays, 2 p. m.; Andrews, Thursdays, 2 p. m.; Asheboro, Fridays, 3 p. m.; Asheville, daily, 2 p.

m.; Benson, Tuesdays, 2 p. m.; Bethel, Tuesdays, 2 p. m.; Boone, Saturdays, 9 a. m.; Brevard, Thursday, 2 p. m.; Bryson City, Wednesdays, 3 p. m.; Burnsville, Saturdays, 9 a. m.; Canton, Fridays, 9 a. m.; Carthage, Tuesdays and Thursdays, 3 to 5 p. m.; Saturdays, 9-12 noon; Chapel Hill, Thursdays, 4 p. m.; Charlotte, Mondays, Tuesdays, Wednesdays, Thursdays, Fridays, 2 to 5 p. m.; Clinton, Wednesdays, 2 to 5 p. m.; Concord, Wednesdays, 9 to 12 noon, Fridays, 2 to 5 p. m.; Dobson, county jail, Thursdays, 10 a. m., county poor farm, Thursdays, 10 a. m.; Dunn, Wednesdays, 2 p. m.; Durham, courthouse, Tuesdays, Wednesdays and Thursdays, 2 p. m.; Lincoln Hospital, Mondays and Thursdays, 7 to 9 p. m.; Duke Hospital, Thursdays, 6:30 p. m.; Watts Hospital, Wednesdays, 11:30 a. m. to 3 p. m.; Elkin, Thursdays, 2 to 4:30 p. m.; Edenton, Fridays, all day; Ellerbe, Fridays, 10 a. m.; Elizabethtown, Mondays, 11 a. m.; Enfield, Tuesdays, 2 to 4 p. m.

Farmville, Wednesdays, 2 p. m.; Fayetteville, Thursdays, 2 p. m., Saturdays, 9 a. m.; Forest City, Mondays, 2 to 4 p. m.; Franklin, Tuesdays, 1 p. m.; Fremont, Wednesdays, 2 p. m.; Garland, Tuesdays, 2 to 4 p. m.; Gastonia, Saturdays, 9 a. m.; Goldsboro, Mondays and Wednesdays, 2 p. m.; Greensboro—Courthouse, Saturdays, 8:30 a. m. to 12:30 p. m.; City Health Department, Tuesdays, Thursdays and Fridays, 2 p. m.; Greenville, Saturdays, 8 a. m.; Greenville, Wednesdays, 1 to 5 p. m.; Halifax, Tuesdays, 3 to 4 p. m.; Hamlet, Tuesdays, 2 p. m.; Hayesville, Fridays, 9 a. m. to 2 p. m.; Henderson,

Tuesdays, 1 to 5 p. m., Saturdays, 9 a. m. to 1 p. m.; Hickory, Tuesdays and Thursdays, 1 p. m.; Hillsboro, Saturdays, 9 a. m.; Hobgood, Mondays, 12 noon to 1:30 p. m.; Jackson, Saturdays, 9 a. m. to 12 noon; Kenansville, Mondays and Saturdays, 9 a. m. to 1 p. m.; Kinston, Saturdays, 9 a. m. to 4:30 p. m.

Lenoir, white, Tuesdays, 10 a. m. to 12 noon; colored, Tuesdays, 2 to 5 p. m.; Lewiston, Fridays, 2 p. m.; Lexington, Thursdays, 2 p. m.; Lillington, Tuesdays, 2 p. m.; Littleton, Fridays, 1 to 2:30 p. m.; Louisburg, Saturdays, 9 a. m. to 4:30 p. m.; Lumberton, Mondays and Saturdays, 9 a. m. to 1 p. m.; Morganton, Wednesdays, 10 a. m. to 12 noon; Mount Airy, Wednesdays, 9 a. m. to 5 p. m., Saturdays, 9 a. m. to 12 noon; Mount Olive, Mondays, 2 p. m.; Murfreesboro, Tuesdays, 2 p. m.; Murphy, Saturdays, 9 a. m.; Nashville, Saturdays, 8:30 a. m. to 12 noon; New Bern, Tuesdays, 9 to 11 a. m., courthouse, 2 to 5 p. m., corner George and Queen Streets; Newland, Wednesdays, 9 a. m.; Oxford, Saturdays, 9 a. m.; Pikeville, Fridays, 2 p. m.; Pinehurst, Mondays, Tuesdays, Thursdays, Fridays, 2 p. m.; Pilot Mountain, Fridays 2 to 4 p. m.; Pittsboro, Tuesdays, 3 p. m.; Plymouth, Tuesdays, 2 p. m.; Raleigh, Mondays and Fridays, 1:30 to 2:30 p. m., Rex Hospital; Mondays, Tuesdays, Wednesdays, Thursdays and Fridays, 11 a. m. to 12 noon, St. Agnes Hospital; Roanoke Rapids, Fridays, 3:30 to 4:30 p. m.; Robbinsville, Tuesdays, 9 a. m.; Robersonville, Wednesdays, 2 p. m.; Rockingham, Fridays, 2 p. m.; Rocky Mount, Thursdays, 9 a. m. to 2 p. m.; Roseboro, Fridays, 2 to 5 p. m.

Roxboro, Thursdays, 1 p. m.; Rutherfordton—syphilis clinic, Fridays, 2 to 5 p. m.; gonorrhea clinic, Tuesdays, 2 to 4 p. m., Saturdays, 9

a. m. to 12 noon; Salisbury, Thursdays, 9 a. m.; Scotland Neck, Mondays, 2 to 4 p. m.; Smithfield, Thursdays, 2 p. m.; Snow Hill, Fridays, 2:30 to 4 p. m.; Southern Pines, Wednesdays, 9 a. m.; Southport, Saturdays, 9 a. m.; Swan Quarter, Tuesdays, 2 p. m.; Statesville, Saturdays, 2 p. m.; Sylva, Thursdays, 2 p. m.; Tarboro, Saturdays, 9 a. m. to 12 noon; Tillery, Tuesdays, 12 to 1:30 p. m.; Tryon, Tuesdays, 2 p. m.; Wadesboro, Thursdays, 2:30 p. m.; Washington, Wednesdays, 2:30 p. m., Saturdays, 9 a. m.; Waynesville, Fridays, 2 p. m.; Weldon, Saturdays, 9 a. m. to 12 noon; Whiteville, Saturdays, 9 a. m.; Windsor, Saturdays, 9 a. m. to 5 p. m.; Winston-Salem, Highland and Seventh, Mondays, Tuesdays, Wednesdays, Thursdays and Fridays, 1 to 5 p. m.; City Memorial Hospital, Thursdays and Fridays, 2 p. m.; Winston, Saturdays, 9 a. m.; Wilkesboro, Fridays and Saturdays, 9 a. m.; Williamston, Saturdays, 8:30 a. m.; Wilmington, Wednesdays, 8:30 a. m. to 2 p. m.; Wilson, Wednesdays, 9 a. m.

"Each clinic is in charge of a qualified physician and is operated either by an organized county or city health department, or, in the case of a few exceptions, by the county quarantine officer or some interested local organization," Dr. Reynolds said.

A TIP TO TOURISTS

Tourists and all who travel in North Carolina are advised by the State Board of Health to look out for the "Grade A" sign when patronizing hotels, restaurants, cafes, lunch rooms and public eating places. A "Grade A" placard issued by the State Board of Health means that that place when last inspected by a sanitarian was given a rating of 90% or over. It means also that "Grade A" milk is used, that the water supply is safe, that sewerage facilities are adequate, that cleanliness is observed in the handling and preparation of food, and that the servants hold health certificates.

Trained Nurse Indispensable in Today's Health Problems

By JOHN B. WRIGHT, M. D., Raleigh.

(An address delivered on May 21st before the graduating class of the Dorothea Dix School of Nursing, State Hospital, Raleigh, North Carolina.)

YOUNG ladies, you have chosen a noble profession, one that is very exacting, one that makes many demands on your freedom, and calls for self sacrifices, constant study, and at times mental and physical over-work. A successful trained nurse must possess an alert mind. She must at all times be able to have complete mastery over self. When I say have complete mastery over self, I mean that she must be able to control not only her tongue, temper and her expressions, but also her emotions. She needs always to be on guard against the unexpected, to be able to think quickly and accurately, and, if possible, to act more quickly and more accurately.

The complexity and multiplicity of duties, which you as nurses are at any moment subject to be placed in charge of, demands not only a well trained body and mind, but an alert mind also. The comparatively short time your profession has existed causes the honest critic to wonder at the result that has been achieved through your efforts in the alleviation of suffering. Bodily pains and physical suffering, though not abolished, have been assuaged as never before by your skillful work. Though sorrows and griefs are sooner or later sure to overtake us on our pilgrimage through life, these pains and woes of the body to which you minister are decreasing at a rapid rate.

May we stop here and ask what is your place in life? Your place is one of service to others. Your place, then, in life is one of greatness, for greatness rests in service. What does

greatness really mean? What is the ultimate standard of the value of a human life? It cannot possibly be the judgment of our fellowmen, for this is temporary and full of error, always fitful and uncertain, lacking a full knowledge of the facts. It is determined by the place which we occupy in the plans of God. Have you ever seen into the heart of true greatness that it must be at the disposal of need? Hence, a life of service is a life of greatness.

To the nurse's virtues we all bow, to her faults, as William Osler says, "let us be blind." Is she a blessing to civilization? Is she indispensable in the present day health problems of life? We all agree she is, for she is one of the main factors in bringing about the great advances so recently made in curing and caring for the sick. She has made the practice of medicine easier and more successful. She is the right hand of every successful medical man whether his work be done in hospitals, offices, institutions, or in the sick rooms of private homes. She is indispensable to the hospital, to the clinic and to the medical profession. She is a messenger of healing and comfort to the sick and suffering wherever they are found.

The Human Body Is God's Masterpiece

May we turn our attention for a short and imperfect study to the object upon which you practice — the human body, the final act of God's creative work in making everything that was made. We are told in the Good Book that God created man, not

a child or a protoplasmic cell, but a full grown man with no cause for death in him, for he was made in the image of God with an intellect, a mind, a spirit, a will and a moral nature with ability to think and make decisions and act for himself. He was given a holy nature that knew not sin. He was to maintain a holy character. This could only be accomplished by testing. Hence, "Thou shalt not eat of the fruit of the tree in the center of the Garden." God knew there could be no virtue unless there was a testing, for there had to be a chance for a choice between right and wrong. When Adam and Eve partook of the fruit they were disobedient to God's command and the Divine image in man was so mutilated until today it is a smouldering ember under the debris of this moral wreck.

In this fall man's intellect became benighted and he lost that intimate knowledge of God and God's handiwork. Evil is a positive and progressive force gathering momentum as the years roll on. Had man remained as God created him, his mind forever would have been given to high, ennobling and Godly pursuits. But he chose to leave his natural position with God and turn to Satan, hence, his intellect became so deranged until today we find him dedicating his mental powers to petty quibblings and even denying God. Surely this is proof enough of the mutilation of this glorious faculty of intellect which formed a part of the image of God in man.

Man's emotional nature at first was in tune with the heart of God and would have remained so had he not yielded to the temptation of Satan. In the fall Satan injected the venom of sin in the heart of our first parents and so poisoned the streams of love until they were turned into torrents of hatred, avarice, lusts and

bigotry. Upon the whole man became in his emotional nature self centered instead of God centered.

Man's will has been described as the citadel of his being. Every hour he is awake dozens of desires of diverse character are storming this citadel trying for the victory. Due to the terrible state of the intellect and emotion his will by the same process has been so weakened that instead of choosing God and perpetual good he chooses the baser and coarser things of life that perish with their using.

We have roughly studied a few of the cardinal members of the invisible body. We will hurriedly glance at the material body. It is the most beautiful, the most complex and wonderful object ever created in all nature—perfect in form, and outline, in multiplicity and delicacy of parts, all co-operating harmoniously for common ends. How bewildering! How marvelous! Changing to meet internal and external exigencies, this confederation of many different, separate systems must all be under a uniform harmonious director which is the brain, whose functions are to start and stop every action of every part of the entire confederation. No gland secretes, no muscle contracts, no impulse is born without an order from the brain.

We have tried briefly and imperfectly to paint a picture of the human body, bringing out its intricate and complex make-up. In health there is nothing to compare with it, as to the beauty, joy and happiness confined in this confederation of parts. When disease attacks it, a well trained supervisor is essential, one that possesses an accurate knowledge of the anatomy and physiology of this complex structure. This requires a well trained doctor or nurse or both to set in order this disarrangement caused by disease.

May we offer a few crumbs of thought to you young ladies? You have for three years been in training, being taught by precept and example. You have been taught from text books and lectures and by daily practice work with the sick, and you have learned much. You have already learned that the unexpected often happens; you have been placed in awkward situations, where you needed to be able to think quickly and accurately. May I ask, "Do you know how to think? Do you know what takes place in the process termed thinking?" One has very truthfully said that we often say we are thinking when in reality we are correlating our prejudices. Dr. Machen says, "Thinking cannot be carried on without the materials of thought, and the materials of thought are facts or assertions that are presented as facts." Yet, a mass of details stored up in the mind does not in itself make a thinker. To add to the complexity of thinking we find that it is absolutely impossible to think without that mass of details. So, we are forced to admit that we cannot possibly think without the materials of thought. During these past three years you learned that these details are not presented to you on silver platters. They are obtained only by constant study, hard work, self denial and a determined ambition to succeed. One cannot think with an empty mind. It is as impossible as it is to run an automobile with an empty gas tank. Eternal vigilance is the price of success. My admonition to you is not to allow yourselves to drift with the crowd. Our modern tendency is to follow the routine way which usually is the path of least resistance, just keeping in the group and following the leaders.

The remedy is to go back to our days of training with their restric-

tions, hard work and constant application of all the mental faculties we possess and add to this some originality. Originality is dangerous in the hands of the ignorant, for the right to originality must be earned. It cannot be earned by ignorance and indolence. It is impossible to be original in the treatment of a subject unless we know what the subject is. True originality is always preceded by careful and patient attention to the facts. Every ambitious individual should strive for the mastery of the facts in his or her profession.

Many Opportunities Open to Nurses

Your profession has grown in numbers, enlarging into many specialties. In hospital work there is an especially prepared or trained nurse for every specialty in the hospital — private nursing, health work, office work, anaesthetists and as technicians. At graduation can you intelligently decide which specialty you prefer? Certainly not until after you have obtained that mass of detailed facts concerning the requirements necessary to qualify you for the specialty under consideration. The road to success has many bumps and detours which make travel on this highway difficult. Each day's duty should be performed willingly and cheerfully as though you were on a test case striving to please the doctor and the patient. The best advertisement a nurse can have is a satisfied clientele.

A nurse must strive always to have a tender, sympathetic touch, to speak kindly and show by word and deed a real and sincere interest in her patient's welfare. She should steer clear of outside and controversial topics and above all avoid family or church differences. And yet, she should not be too indifferent, or fail to show interest and sympathy.

One more admonition—do not allow the constant groans and complaints and suffering to dull the keen edge of sympathy with which you started your career. There is no higher mission in this life than that of nursing God's poor. In doing so you may not reach the ideals you had set as a goal. You may fall short of the ideals of your heads, but in nursing God's poor you go far to satiate the longings of the heart.

Investigate Your Child's Camp For Seven Essentials

There are at least seven points about a summer camp that every parent should investigate before entrusting his child to the directors of that camp for a greater or lesser time, as Dr. Frank Howard Richardson shows in his article "You—and Your Child's Camp" appearing in the June issue of *Hygeia*.

Perhaps the most important factor, at least where emergencies are concerned, is the availability of medical advice. Because it is often impossible to maintain a physician as a resident member of the staff, however ideal that may be, many camps have a consulting physician nearby.

Every camp should have the services of a physician daily, for in no other way can proper attention be given to the minor hurts which might otherwise develop into serious infections or prove to be graver than was at first thought. A daily sick-call can take care of much of this medical service.

Moreover, an excellent trained nurse is a necessity for every camp, for she may be a tower of strength to director, physician and camper alike.

Another feature that needs investigating is the nature of the water supply. Quite as important is the disposal of sewage. As camps are usually located where trunk line sewers are not available, septic tanks are generally relied on to dispose of all waste. These will be satisfactory but must be adequate in area for much more than the estimated population.

Showers are far more sanitary than tubs and, of course, abundance of hot water should be ensured. Toilet facilities should be ample; and an efficient patrolling and policing of toilet and bath houses will prove indispensable.

It is also important to know the source of the milk supply of any camp. While it sounds fine to say that a camp has its own dairy herd, this may be a source of danger rather



Dr. Arch H. Perry of Wood, North Carolina, sends us this picture of Lindy Coley, nine months old when the picture was made. On the advice of Dr. Perry, the mother, Mrs. Coley, secured the State Board of Health literature, and she writes that "it has helped me a lot and I enjoy reading THE HEALTH BULLETIN every month." The mother is just another one of the many living in the country these days who find the advice of a good physician and the State Board of Health literature a combination which enables them to do a proud job in rearing their children.

than of safety unless the utmost care is exercised over every step of the milk production. It is far safer as a rule to rely on the best local dairy available or even to have the milk brought from a distant dairy, provided it is properly iced.

Milk should never be delivered in bulk, that is, in cans. Nothing larger than quart bottles should be permitted, even for so-called cooking milk. Many camps are finding it well within their means to have all milk for drinking supplied in half pint individual bottles.

An abundance of good food, well cooked, attractively served and properly balanced is the seventh essential. A trained dietitian never fails to save much more than her salary in the food she saves, to say nothing of the superiority of a properly planned dietary.—*Hygeia*.

How Much Health Prevention Can Your County Afford to Buy?

By ROY NORTON, M. D.

AT this time only thirty-two counties in the State are without a full-time health department. There are also six city health departments, all located in counties having health services.

Some of the unorganized counties employ a nurse or a sanitary inspector and all have county physicians to look after the county home, jail, pauper practice and quarantine work. Most of these counties put on a typhoid vaccination campaign every third year and a few have a dental program in the schools. All of the counties have hospital bills of varying amounts to pay.

For the Boards of Health and County Commissioners as they prepare budgets for the next fiscal year, the question is not whether any money shall be spent but how much and for what type of medical and hospital services. More and more people are coming to realize that as an investment for the future and to cut down the growing costs of relief work and hospitalization of those who have lost mental and physical health a program of prevention and health education is essential. Instead of spending thirty dollars for treatment to each dollar for prevention, a more nearly equal expenditure will probably mean a saving to taxpayers in the years ahead.

What essential health services are usually lacking in a county without an organized health program? What additional health protection and promotion are brought to a county through the work of the health director who is a physician specializing in public health, the sanitarian, the graduate registered public health

nurse, the public health dentist, the office clerk? Is such a staff of trained workers needed to fight the spread of deadly diseases just as trained firemen control fires and our trained G-men and local officers check the spread of crime?

The health department takes over the quarantine work previously done by the county physician.

The medical care of inmates of county home and jail and those on the approved indigent list may be left with the county physician or taken over by the health department according to individual arrangements. Local arrangements for hospitalization are not changed.

Immunization service is provided against typhoid, diphtheria and smallpox at all times rather than once every third year.

Local records of births, deaths and communicable diseases are collected, tabulated and analyzed to keep the emphasis in the health program properly placed at all times.

School health supervision will render the teaching more effective and reduce costs to taxpayers. Uncorrected physical defects in school children are costly to taxpayers. The public school dentist teaches and treats in his promotion of mouth health.

Through clinics for poor expectant mothers and their babies and supervision of midwives, the deaths and disabilities of mothers and infants are greatly reduced.

Individual and group health instruction, permeates the whole public health program, encouraging disease prevention, better housing, good nutrition and individual hygienic prac-

ties that will tend toward the control of degenerative diseases.

The environmental sanitation work emphasizes safe excreta disposal, pure water supplies, safe milk and other food supplies, and the control of dangerous insects such as mosquitoes and flies.

Infectious disease cases are investigated preparatory to instituting effective measures to prevent further spread in the family and county.

Cases of tuberculosis and genitoinfectious diseases are located, and followed until rendered non-infectious or cured. These diseases constitute an enormous economic burden and their effective control alone will more than justify expenditures for a county health department.

What we need is not less treatment because in most cases we have far too little even of that, but more efforts at prevention and health education. A county that makes its entire expenditure in the former and none in the latter is pursuing a shortsighted policy. Some counties confine their preventive efforts to a costly method of typhoid vaccination, even though health authorities agree that the eventual control of typhoid and other intestinal diseases and parasites is largely dependent upon the sanitary disposal of human waste. Another consideration is the fact that federal and state funds are available on a matching basis wherever county officials desire to provide public health services for its citizenship. Death is inevitable and costly but much progress has been made in lengthening the average life span. We can further greatly reduce the burden of acute and chronic illness, physical and mental. Health, within reasonable limits, is purchasable. Ours will be a happier and better state when

all the county commissioners become farsighted enough to invest in the utmost available health protection and promotion for all the people.

Our two smallest counties in population and the three smallest in wealth now have public health services. How much public health service can your county afford to buy? With how much preventable illness and premature death in the county can it afford to continue?

BOOK REVIEW

Syphilis, Gonorrhea and the Public Health

By NELS A. NELSON, M. D., and
GLADYS L. CRAIN, R. N.

(Macmillan, 1938. 359 Pages. \$3.)

The purpose of this book, according to the authors, both of whom are employed by the Massachusetts Department of Health, is to "not only present the essential known facts concerning syphilis and gonorrhea but also give an account of the development of control programs to date and discuss the directions which they are taking." Most of the voluminous material coming out so rapidly since Surgeon General Parran aroused the country with his "Why Don't We Stamp Out Syphilis?" in the July 1936 Readers' Digest, has been either on the technic of treatment routine or on the long disregarded but alarming facts concerning the ravages of syphilis. Gonorrhea and the broader implications of control programs for both diseases are emphasized in this volume.

The book is divided into: I. Attitudes and Approach, II. The Genito-infectious Diseases, III. The Statis-

ties of Syphilis and Gonorrhea, IV. The Control of Syphilis and Gonorrhea, V. Costs, VI. Social Hygiene, and VII. The Scandinavian Example.

The authors wrote the book for "health officers, physicians, nurses, social workers, and public health workers in general, as well as that part of the general public which is interested in the control program." Just about all of us are right now interested in syphilis and more are becoming interested in adequate control programs for both diseases. "The medical profession, influenced by public opinion as much as by its own prejudices, gave little consideration to the management of these two diseases," and, "the educator, the editor and the clergyman, equally the victims of generations of a prudish refusal to face the facts, must open their minds to the truth and loosen their tongues in its behalf for they are the guardians of the major channels of public information."

Dr. Nelson prefers the term *genito-infectious diseases* to *venereal diseases* and warns against the continuance of traditional tabu and emotionalism, long stimulated by some people in our consideration of things having a sex relationship. There is also a warning against melodrama and exaggeration. The simple facts are dramatic enough. Expressing reaction to a poster depicting syphilis as a snake: "Syphilis is not a snake. It is a disease. It does not add anything to public information to confuse the issue by appealing to the emotion of repulsion. The infected are not repulsive; they are quite ordinary human beings who may appear to be enjoying the best of health. There is too much of the notion that they are horrible, not only in their physical condition but morally. That is why employees are summarily discharged, school children are expelled

from school and the infected are otherwise shunned and disgraced. That is why public discussion of syphilis and gonorrhea was tabu so long. The physician who treats the genito-infectious diseases day after day finds nothing horrible or repulsive about most patients." This simple morsel of fact may not be so tasty to the sadists who like to see "sinners" getting a foretaste of hell while still in the flesh but it should encourage those who are willing to buckle down to a sane, sympathetic, long-time program that will require the intelligent cooperation of medical, public health and social agencies for eventual success.

We wish that everyone could read the warning against "four types of charlatan who prey upon those who are infected with genito-infectious diseases: The manufacturer of 'quack' preparations, some druggists, the medical quack, and the unscrupulous but licensed medical practitioner. The sole objective of each is to make money." Particular warning against each of these types is timely right now in North Carolina since we know that even a so-called "positive blood test" without other clinical evidence may occur in patients who only show malaria, pregnancy, pellagra or tuberculosis. The treatment and other control measures required in genito-infectious diseases are far from simple or foolproof.

For physicians and health workers planning a control program this book is the best we have seen so far. It is sane, it is direct, and it will help us to preserve balance and use our opportunity to get and keep the program out of the hands of sadistic moralists and intrust its planning only to the very best medical advisors.

ROY NORTON, M. D.
J. C. KNOX, M. D.

Recreation A Community Responsibility

Play Now Seen As Preventive of Unwholesome Mental and Social States

By MRS. J. HENRY HIGHSMITH

Assistant Director Health Education, State Board of Health.

NO town of any size or consequence today thinks of being without lighted streets, sewers, a police force and numerous other means for protecting the life and health of its people. In the near future, we have reason to believe, no progressive town will be without playgrounds, parks and recreation centers for its people, and will provide these in the same spirit and understanding as it now provides sanitation, food inspection and modern health safeguards.

There is being created today a new concept regarding play, recreation and leisure which is quite different from that which dominated the country, especially the rural sections, in its struggle period at the end of the nineteenth century and the beginning of the twentieth. Then the whole rhythm of life was attuned to work. Play was considered evil or to no purpose; when it could not be repressed, it was tolerated. Work was glorified. Leisure to most people meant idleness, and idleness meant loafing on the job. Everything worth while was then supposed to be achieved through hard work. Hence leisure became almost synonymous with laziness, and laziness became the opprobrium that marked a person for life.

There are many of us, no doubt, who feel that we were cheated in those days through those erroneous ideas and evils of unbalanced thinking. Under the driving power that it was a disgrace to be idle unless it was for a few hours on Saturday afternoon, few dared brave public opinion and engage in leisure time activities on week days. Recreation for recreation's sake, unless it was

taken on Sundays or in the sense of recuperation, was laughed out of court. Who knows but that the ever mounting death rate from heart diseases and other worn out conditions of the body that we have today, as well as the ever increasing number of nervous and mental breakdowns, are not in some way due to that regimen of living that failed to recognize the place that play and recreation have in maintaining health and sanity and in developing personality and character?

In terms of modern thinking recreation serves as the spare tire that enables one to get where he is going. It prevents the complete breakdown that otherwise would waylay him on his journey. What is more to the point, it is insurance taken out in youth against premature and disabling states of the mind and body, such as extreme nervousness, melancholia, introspection and unstable mental and emotional states. Dr. Charles Loomis Dana, Professor of Nervous Diseases at the Cornell Medical School, says: "When young folks are taught the worth and ways of recreation, they are taking out insurance against nervous disorders, and in middle age, when they come to collect, they will find themselves reimbursed a hundred-fold." Dr. Pearce Bailey, a leading authority on neurology and psychiatry, says: "Non medical agencies, such as boy's clubs, boy and girl scouts, settlement agencies and playgrounds promise most in the line of prevention of nervous disorders."

That it is a community's responsibility to provide safe and adequate places for its children to play, is no longer questioned. Municipalities and

metropolitan centers which have invested time and money in programs and facilities for their peoples' play and recreation have found a more happy and contented people, with more pride in their homes and personal appearance; fewer domestic troubles, less tendency to visit cheap shows and places of bad influence; more regard for the amenities of life, and what naturally follows, sounder minds in sounder bodies. Some of these programs and facilities which are within the reach of even rural communities, and are the right of every normal boy and girl, are supervised playgrounds and swimming pools, ball parks, free tennis courts, recreational parks, picnic grounds, boys and girls camps, play streets, band concerts and opportunities for social gatherings of all groups. In winter community centers for leisure time activities such as reading, music and indoor games should not be overlooked.

The curative value of play has been recognized for some time in the treatment of patients suffering from mental and nervous upsets, also of physically handicapped children. But isn't it time to recognize its place as a preventive of such states and conditions, and work to secure: "For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation, and makes provision for his cultural and social needs?"

Children's Defects Should Be Corrected This Summer

It is estimated that about seventy-five thousand children in North Carolina were given a physical examination this spring as the first step in getting them ready for school next fall. According to newspaper re-

ports, few children were found physically perfect, or without one or more defects that needed correcting. The defects more generally found were those connected with the mouth or oral cavity, mainly diseased tonsils, enlarged adenoids, decayed and crooked teeth, diseased gums and conditions indicating a lack of proper and sufficient food. Defective eyesight and hearing were also found in a large number of children, as were poor posture, underweight and nervousness.

The purpose of the pre-school clinic is to find any defect that a child may have, in order that it may be corrected before he enters school, and he may not be saddled with handicaps on starting out on the first and most important work of his life — making good at school.

As to whether these seventy-five thousand examinations are going to mean much to the children or be worth the time and efforts of the physicians and nurses who made them will depend on the mothers and fathers of those children. Some parents may not take the findings of these examinations seriously and may be tempted to put off having any corrections made until a more convenient season, which usually means not at all. But the point we wish to make is, that with the children who were found to have one or more defects, it is a serious matter and one that should be attended to promptly. Delay can and often does make the difference between a minor and a serious ailment.

No summer trip or other plans for vacation, and certainly no mere indifference or neglect, should be the cause of a child's defects going uncorrected. Parents who fail their children in matters of so great importance fail also in their duties as citizens of the community and the State.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

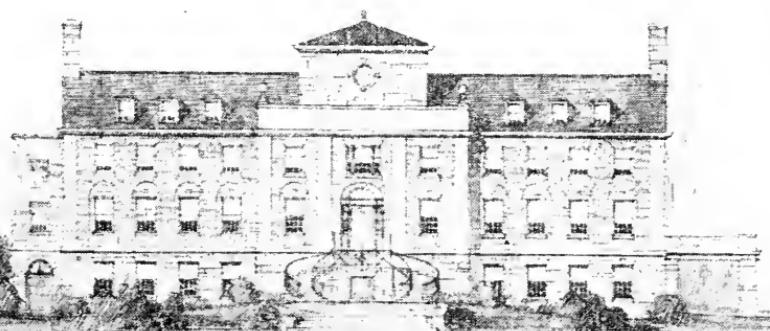
This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

AUGUST, 1938

No. 8



PROPOSED STATE LABORATORY OF HYGIENE
NEW BESLEY SMITH & ARCHITECTS, RALEIGH, N. C.

PROPOSED STATE LABORATORY OF HYGIENE

A P. W. A. free grant now assures construction of a \$290,000.00 plant for the State Laboratory of Hygiene. The Central Laboratory Building shown above will be located on Caswell Square, adjacent to the present offices of the State Board of Health, in Raleigh. In this building specimens will be examined and biologics standardized and made ready for distribution. A group of buildings will be constructed on a 280-acre farm located seven miles west of Raleigh on U. S. Highway No. 1. All laboratory animals will be housed in these farm buildings, which will also provide space for preliminary stages in the preparation of anti-toxins and vaccines.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly **THE HEALTH BULLETIN**, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Cancer	Health Education	Smallpox
Constipation	Hookworm Disease	Teeth
Chickenpox	Infantile Paralysis	Tuberculosis
Diabetes	Influenza	Tuberculosis Placards
Diphtheria	Malaria	Typhoid Fever
Don't Spit Placards	Measles	Typhoid Placards
Eyes	Pellagra	Venereal Diseases
Flies	Residential Sewage	Vitamins
Fly Placards	Disposal Plants	Water Supplies
	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives.
Infant Care. The Prevention of Infantile Diarrhea,	
Table of Heights and Weights	

CONTENTS

Tonics.....	Page 3
Saving Babies From Syphilis.....	Page 4
Health Service in Polk County.....	Page 6
Better Health Makes Better Living.....	Page 8
Torturing Children.....	Page 9
"The Health of the People Is The Supreme Law".	Page 10
The Sin of Being Sick.....	Page 12
Selling the Milk and Butter and Feeding the Children Biscuit and Coffee.....	Page 13
All People Should Be Health-Minded.....	Page 14
Rheumatic Heart Disease Is Called "Forgotten Health Problem" for Its Undramatic Appeal.	Page 15
Note from Canada.....	Page 15
A Dentist Looks at His Patients' Food.	Page 16

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Tonics

By ROY NORTON, M. D.

Assistant Director, Division of Preventive Medicine, State Board of Health

A GREAT many people have undue faith in the group of drugs known as tonics. The sale of tonics has been extremely profitable to makers and distributors. Hence, a great variety have sprung up. There are spring tonics, heart tonics, nerve tonics, iron tonics, Indian tonics, women's tonics, baby tonics, and so forth. If one is weak, nervous or run down, he will be advised by friends, relatives and drug clerks just which tonic is appropriate. We neglect the obviously logical things to do such as getting plenty of rest, exercise, fresh air, sunshine, pure water and a balanced diet and then expect a so-called tonic to perform the miracle of restoring depleted health. Most of us would be much better off to save our money and our stomachs and calmly accept the fundamental fact that there is no royal road to health. If our physical resources have been wasted over a long time the period of restoration will hardly be greatly shortened by such artificial measures.

Two cases are illustrative. A child recovering from measles has very little appetite. The young mother requests and insists on a tonic for the child. If the doctor gives in and prescribes, or if the mother purchases a tonic directly from the drug clerk and administers it, the child may soon regain an appetite and the drug is given credit. If the doctor is more

intelligent and conscientious and is successful in getting his advice followed to allow the stomach a little rest from drugs and overloading with food, the child will soon, and possibly even more quickly, get a hearty appetite and have a rapid convalescence. There are times when it is desirable to follow one's natural instinctive inclination to eat little or no solid food for a few hours or days.

An elderly obese woman (might apply equally to men) of recent sedentary habits finds that she has very little appetite compared to earlier years. She sits and lies around, doing little physical work, not even walking around the house or grounds except occasionally. In her earlier years she worked hard, ate heartily, became overweight and has remained so. Now she wants a tonic to stimulate her appetite into its insistence of former more active years. Few things could be more harmful to her than to further increase the food intake when it is already far above the energy output. Such a patient needs less total calories, making sure of the adequacy of balance particularly in vitamins and minerals, more exercise, and no tonics that might further stimulate the appetite.

No one can doubt that the group of drugs used as so-called tonics have a useful place. Their promiscuous use, however, is not conducive to good

health. They should be taken only upon the advice and prescription of a competent physician, who has just made a thorough examination of the individual. When one has a poor appetite, sleeps poorly at night, has fever, is constipated, has a headache or other pain, or has indigestion or "acid stomach," the cause for the symptoms should be determined by a good doctor and wherever possible appropriate treatment should be aimed at the cause. It is illogical to be continually nullifying a result when we may be able to remove the underlying or precipitating cause.

We are greatly in need of the discovery and wide use of a tonic that would stimulate the application of common sense to our thinking and attitude toward drugs. There is widespread undermining of health by the promiscuous use of unnecessary and eventually harmful drugs; many other people are in dire need of the help that carefully administered drugs could bring to them. "The more

nearly natural, the less artificial, the better," applies to all methods of maintaining or of restoring physical and mental health, and the rule applies even to tonics. Moderate physical and mental exercise is the natural stimulus to an intake of food over that usually needed for the upkeep, repair and growth of a resting body. It is perfectly normal under certain sets of circumstances for the body to require less food than formerly.

When surrounding physical and mental factors have not materially changed, a sudden increase or decrease of appetite that is consistently maintained may be the signal of serious disease. A qualified physician should promptly and thoroughly investigate the cause. Proper measures may then be directed toward the cause of the altered appetite and not at the appetite itself. Ill advised medication postpones and hinders appropriate treatment.

Saving Babies From Syphilis

Three States Pass Laws Requiring Blood Test of all Prospective Mothers

By MRS. J. HENRY HIGHSMITH

Assistant Director Health Education, State Board of Health

As a result of breaking the "age-old conspiracy of silence" surrounding syphilis, States, counties and towns are now able to get legislative action for the prevention and control of syphilis which a few years ago would have been impossible. In view of the fact that public opinion is aroused concerning this terrible old disease, and science is ready with specific remedies and means for its prevention, now is the time for every

State and community to go after its venereal disease problem and bring it under control. Never before have conditions been so favorable. Never before have the public health agencies interested in stamping out this killing disease had the support of the press, the radio and an informed people. Surely this is the time to pass legislation and adopt measures for saving diseased, defective babies, invalid wives and mothers and decrepit insane men and women.

Three States have recently enacted legislation for saving their babies from syphilis. These are New York, New Jersey and Rhode Island. The act requires that all prospective mothers be given a blood test as part of the routine prenatal examination that every expectant mother should have. Through this law New York considers it will be able to save approximately 13,000 babies annually. Each year in New York State, according to the State and City Health Departments, almost 4,000 babies are born syphilitic and 9,000 more are born dead because of syphilis in the mother.

This advanced step in the syphilis control program is based on the most important factor yet discovered by medical science in regard to the treatment of syphilis: that congenital syphilis can be prevented in more than 90 per cent of the cases if the expectant mother who is found to have syphilis is treated by the fifth month of pregnancy. Under the law all persons licensed to attend women in pregnancy must administer or cause to have administered a standard serological test for syphilis, and must indicate on the birth or still-birth certificate the fact that the test was made, and when it was made, or give reason why it was not made. However, the law does not require that the results of such tests be indicated on the birth certificate.

Providing a prenatal blood test is one of the minimal legal measures urged by Surgeon General Parran in any State or city program for syphilis control. Another is a pre-marital law, which requires a health certificate from a physician showing that both the contracting parties to mar-

riage have submitted to a standard laboratory blood test for syphilis and that in the opinion of such physician the person is not infected or is not in the stage to communicate it to others. Nine States have recently passed pre-marital laws against syphilis, and many other States are planning to seek such legislation when their law-making bodies next assemble. States having recently enacted marriage laws against syphilis are Connecticut, New Hampshire, Illinois, Michigan, Wisconsin, Kentucky, New Jersey, Rhode Island and New York.

North Carolina has neither a prenatal nor a pre-marital law against syphilis. And yet syphilis is being reported to the State Board of Health in increasing numbers weekly. Whereas an average of 236 cases were reported weekly during 1937, for the first six months of 1938, an average of 342 cases have been reported each week. For the first half of this year, 8,205 cases were reported, against 5,751 cases for the same time last year. This means, unless measures are instituted against it, that more babies will die a premature death, more will be born syphilitic, defective in mind and body, and that insanity and the long list of disabling diseases due to syphilis will continue to take their toll. Last year there were reported 3,160 stillbirths in North Carolina, a large number of which deaths were due to syphilis. This number does not include a much larger number of babies who died at birth or during the first month of life, nor to the tragic group doomed to live as syphilitics.

If New York proposes annually to save 13,000 babies made up of every nationality on earth, should it take North Carolina long to decide whether or not her babies are worth saving?

Health Service in Polk County

By C. ARTHUR LINCOLN

Chairman Polk County Council of Social Agencies

DOCTORS G. M. Cooper and R. E. Fox, of the State Board of Health, were entertained at a luncheon meeting held in Tryon, N. C., Wednesday, May 25th, and sponsored by the Polk County Council of Social Agencies in the interest of full-time health service for Polk County. Forty-one persons were present, representing the Council of Social Agencies, the Polk County Unit of the American Women's Hospitals, the Public Welfare Department of the county, the county officials, the Tryon City Council, St. Luke's Hospital located in Tryon, the Rotary and Kiwanis Clubs of the city, the corps of physicians and dentists of the county, public school officials, and the Polk County Chapter of the American Red Cross.

Dr. Cooper congratulated the people of the county on the interest shown in public health by this meeting of representative citizens, and Dr. Fox outlined a proposal for full-time health service for the county which had been submitted to the County Board of Commissioners at a morning meeting. This plan contemplates the creation of a District Health Department composed of Polk and Rutherford counties, the two counties sharing a health officer and Polk County having on full time a public health nurse, a sanitary inspector, a clerk for the office and, in addition, ten weeks of dental service furnished by the Division of Oral Hygiene of the State Board of Health. The meeting unanimously recommended the plan to the favorable consideration of the Board of County Commissioners.

The Polk County Council of Social Agencies, which is actively promoting full-time health service for the

county, is a voluntary group of some twenty socially-minded persons organized to coordinate and promote the local work of the Red Cross; the Helping Hand, a privately supported welfare agency; the Polk County Unit of the American Women's Hospitals, supported by private subscriptions supplemented by public monies for maternity work; St. Luke's Hospital's social service; the Public Welfare Department of the County; and the County Home Demonstration Agent.

Through a case committee, representing the various member agencies, in consultation with the social workers, the Council endeavors to avoid duplication and overlapping of effort and unnecessary expenditure of funds. Each year it puts on a financial campaign for the support of the work of the American Women's Hospitals and the Helping Hand, the two organizations that require private subscriptions.

This Council is particularly interested in the health service of the American Women's Hospitals, a unique national organization formed by women physicians who served in the World War. Its purpose is to give prenatal and postnatal care to under-privileged mothers; but, in Polk County, its actual work covers a much larger field. The Polk County Unit, with the approval and financial assistance of the national body and the State Board of Health, employs Dr. John Z. Preston as director and Miss Irene Clark as public health nurse. Through them it concerns itself not only with maternity cases in which families are financially unable to meet the simplest require-

ments of safety for mother and child, but also with health education; mid-wife supervision; pre-school and school health; control of communicable diseases, including acute infections of children, venereal diseases and tuberculosis; quarantine service; non-communicable diseases; nutrition; and vital statistics. Each week on Tuesday it conducts a clinic at St. Luke's Hospital in Tryon, and each Thursday one in either of two other places in the county, or about nine clinics per month. A volunteer motor corps assists in getting patients to and from the clinics.

However, this organization, with all of its splendid work, is unable to give the full-time health service needed. One indication of this fact is shown in the school health inspection recently made by Miss Birdie Dunn, of the State Board of Health. In Tryon, the most favored community of the county from a financial standpoint, Miss Dunn found that in the white grammar school 77½% of the children were defective; 14½% had poor vision, 65% had defective teeth, and 19% needed throat treatment. Only 38% had been immunized for diphtheria, 21% for smallpox, and 34% for typhoid fever. In the Tryon white high school, 68% of the pupils were found to be defective; 19¼% having poor vision, 32% needing dental service, and 7% requiring throat attention. As to communicable disease control, 50% in the high school had been immunized for diphtheria, 68% for smallpox, and 61% for typhoid fever.

In fifteen white and colored schools in the county, Miss Dunn inspected 2,110 children and found 1,636, or 77½%, defective; 12¼% having poor vision, 57% having defective teeth, 25½% needing throat treatment, and 15% being underweight. There were 45 children with crossed eyes, 58

with defective eyelids, and 34 with speech defects. Of the total number of children, 30% had been immunized for diphtheria, 14% for smallpox, and 51% for typhoid fever. Seven negro schools were without sanitary drinking facilities, four schools taking water from wells, three water from springs, all off the school grounds. The Tryon white schools and the Saluda school have sanitary fountains inside the buildings; all other white schools have fountains of an unapproved type.

An important part of the work of the Polk County Council of Social Agencies is not only to coordinate the services of existing social organizations, but also to survey the social requirements of the county and promote efforts to supply appropriate services for unmet needs. The school health survey, given in part, reveals but one group of several unmet necessities for the best health of the county; and, while this Council fully appreciates the invaluable work of the American Women's Hospitals and hopes to retain its services in maternity work, it will use its best endeavors to secure full-time health service as offered by the State Board of Health.

(Since this article was written the Polk County authorities have made the necessary appropriation to include their county in a District with Rutherford.—Editor.)

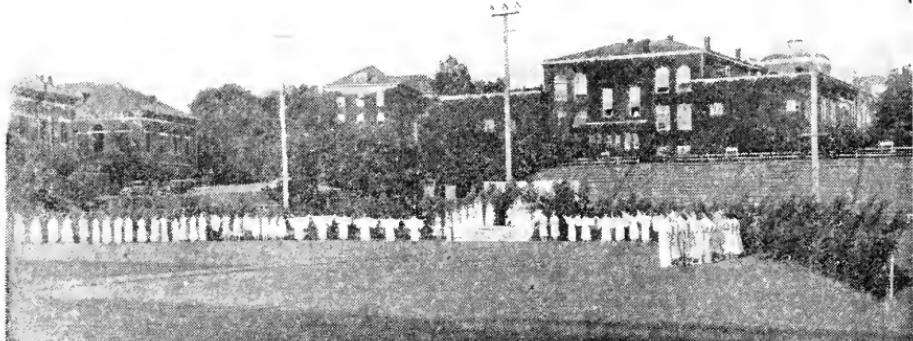
More Hospital-Care Needed

Among many interesting facts brought out in one group discussion at the recent Public Welfare Institute held at Chapel Hill were these:

That from 65 to 70 per cent of all welfare cases are health cases—persons who are either mentally or physically unable to take care of themselves.

That 50 per cent of all health cases need hospital treatment.

That only 10 per cent of such cases actually get hospital treatment.



Four-H Club Health Pageant

Every year at State College hundreds of boys and girls, representing thirty-two thousand 4-H Club members in North Carolina, stage a Health Pageant for the purpose of crowning the 4-H King and Queen of Health—the boy and girl who scored highest in the Statewide health contest. Health is one of the four principles on which 4-H Club work is based. The others are Head, Heart, and Hand

Better Health Makes Better Living

Thirty-Two Thousand Four-H Boys and Girls Study to Keep Well

By MISS MARY THOMAS
Nutritionist, Extension Service, State College

THE last week in July, ten fine young people—five boys and five girls—came to Raleigh as the representatives of their districts in the State 4-H Health Contest. They scored highest in county health contests and in the five districts in which boys and girls from practically all counties in the State were given complete physical examinations by cooperating physicians and health officers. At State College they were given another health examination and the boy and girl scoring highest were crowned respectively 4-H King and Queen of Health, in an elaborate Health Pageant on the evening of July 28th. This was the culmination of the work done in Health Improvement the past year by 4-H club members.

For more than thirty-two thousand 4-H club boys and girls in North Carolina, Health Improvement is not a separate project, but is carried on in connection with all 4-H Club work. Club members come to extension agents in all degrees of physical fitness, as a result of inherited qualities, and of more or less successful feeding and care. Fortunately most club boys and girls are still in the period of active growth, and have time to remove hampering defects and build good food and health habits that will help them to overcome early handicaps and improve their physical condition.

To create an interest in self-improvement, at least two club meetings each year, or short periods at

each club meeting, are devoted to health. Each club member keeps a record book in which is recorded their weight and height taken several times during the year. This record book also contains score cards for checking at the beginning of the year and again later, food, health and posture habits. In many counties the county health department has given examinations to 4-H Club members twice a year—in the fall and again in the spring. In other counties interested physicians have given the examinations free. As a result of these examinations and interest in health improvement, the follow-up surveys find many of the defects corrected.

All club members who have kept the Health Record and show improvement in food, health and posture are eligible to enter the County Health Contest.

Since one must be fourteen years of age to enter the District and State Contests, many counties, to keep up the interest of the younger boys and girls, select a junior King and Queen as well as the senior King and Queen. The crowning of these is celebrated with a health pageant on Child Health Day. In addition to honoring the highest scoring boy and girl on this day, those making outstanding improvement in physical condition are recognized in a suitable way.

The high scoring boy and girl in the county enter the District Health Contest, where there is keen competition as to who will represent the district in the State Contest.

The 4-H health work gives farm boys and girls an understanding of the signs of good growth and physical fitness; it interests them in making the most of themselves physically through proper food and health habits, good posture, and the correction of defects; it emphasizes the parallels between successful methods of feed-

ing and caring for the live stock and crops raised by club members and the successful growing of boys and girls; and incidentally it enlists the influence of club members in the proper growth of younger members of the family, preparing them for more intelligent parenthood.

4-H Club members believe that health is that quality of life that renders the individual fit to live most and to serve most. This is what they have in mind when they say, "I pledge my health to better living for my Club, my Community and my Country."

Torturing Children

We received the following anonymous postal card with a postmark bearing the name of a small town in middle North Carolina a few days ago. The best editorial we can write about the subject is to publish the card just as it is without any change. Generally, anonymous communications are promptly loaded into the wastebasket, but in this case, there is a rather important principle in child-rearing involved, and the State Board of Health certainly does not think it is all right to handle them in the way the writer describes. The card follows:

"My office is next door to a barber shop, to which little babies and small children are often taken, and when the barber approaches with shears or the electric trimmer, the little fellows become spasmodic and often have to be held by two persons while the barber applies the instrument to the tortured little fellows. People with any human feelings have to quit work or stop their ears while the terrified children suffer.

"I imagine a child is never the same after such treatment, and I am wondering if an article in your health paper would help the little ones, or if it's all right to handle them this way."

“The Health of the People Is the Supreme Law”

By A. D. UNDERWOOD, D. D. S.

Division of Oral Hygiene, North Carolina State Board of Health

A NOTED monarch upon one occasion was asked what he considered the most important law of his kingdom. Said he, “The health of my people is the supreme law.” Now if one will give that statement much thought he will at once realize the wisdom in it. As a matter of fact, good health is the foundation of all material, intellectual and spiritual progress of a nation, and without it no true national greatness can ever be attained.

This fact is becoming more and more generally recognized by all civilized nations and much interest is being manifested by the public generally in the efforts that are being made to stamp out disease, improve public health and increase longevity of life.

With this end in view great efforts are being made by the National Government, by various State governments and municipal boards of health along the lines of scientific sanitation to protect the public from the detrimental effects of impure water, unwholesome food and beverages, decomposing garbage and sewerage, poor ventilation and contagious diseases. People are taught the value of observing the various common rules of hygiene and personal cleanliness, but yet the majority, and the great majority, of people do not know or do not seem to realize that an unclean or an unhealthy mouth is a prolific if not the most prolific source of danger to the health of the individual of which we have any knowledge.

The introduction of vaccination has almost driven smallpox from the face of the civilized portions of the earth.

Great efforts are being made to stamp out tuberculosis. Much has been done to prevent diphtheria and typhoid fever, but very little is being done to rescue the 95 per cent of our children who are suffering from dental decay and oral sepsis. It is very evident that the profession and the public generally are not awake to their responsibility in this matter, for if they were, the conditions would soon be changed.

Dentists are often thought to exaggerate when they warn of the necessity of a clean healthy mouth and good serviceable teeth and to draw upon their imagination when they speak of the dangers to the system in general that lie hidden in decayed and abscessed teeth. But dentists have a thorough knowledge of the close relationship which exists between the mouth and the system in general, and they have on record numerous cases of systemic diseases which have been completely cured through the proper treatment of oral lesions. This attitude has doubtlessly retarded the just recognition of a diseased mouth as an ever-present menace to individual and public health. Dentistry has a place of vast importance in public health and is not second to any other subject that concerns the mental and physical welfare of the people. This menace strikes at the very foundation of our civilization in that so great a per cent of our public school children are suffering from diseased mouths, and as yet no adequate measure has been put into force to cure the evil or arrest its progress.

In September of this year approximately 80,000 new students will enter the schools of our State. These will be the little folks in the first grade, children who have never been to school before. It is a conservative statement to say that not over 5 per cent of these children will be free from dental decay and many of them will be afflicted with mouths laden with decayed and abscessed teeth. Many of these children will have what is commonly known as "gum boils" and many parents will be of the opinion that this suffering from a so-called "gum boil" is merely one of the sufferings which all children must endure and time will take care of the situation. They do not know that a child who has a "gum boil" has an abscessed tooth and that the longer it remains in that state the more harm to that child's delicate and growing system is resulting. A gum boil is an abscessed tooth with a fistula leading to the outer surface of the gums and, to put it in more common terms, it is a discharging sore, a sore which discharges into the mouth. There this discharge is either swallowed as it is or mixed thoroughly with food and then swallowed. Now ask yourself this question: Can our teachers, worthy and well qualified as they are, many of them masters in their art, can they take these children and build a generation of which we will be proud? For these children are the future generation.

Now there are a few people who will say, "What can be done about a child's teeth, and how can a child be taught to care for his teeth?" In answer to this question it may be said that little children can and should be taught to use a toothbrush as soon as the imitative faculties begin to develop. This may be done by the mother brushing her own teeth be-

fore the child, who has been furnished with a toothbrush. The lessons, for it will take many, should be carefully and slowly taught, so that the child will comprehend all the movements that are required to reach all parts of the mouth and teeth. The child should be taught to view the teeth in a looking-glass to see if they are clean and to compare them with those of the mother. In this way the pride of the child is stimulated and rivalry awakened to have the nicest looking teeth.

Of course, it is not expected that children of three years of age can be taught to care for their own teeth. This must be the duty of the mother. A beginning, however, can be made at this period and a habit formed as the months and years go by that will cling to the child through all life. The importance of this early training can not be over-estimated, as it insures mouth comfort, good health and long life. The individual who has been brought up from early childhood to give proper care to the cleanliness of the mouth is rendered quite miserable if, for any reason, he is obliged to neglect, even for a day, this brushing of the teeth.

The attitude of the children towards the dentist, which is often-times an attitude created by the parents, is in many instances a handicap to the health and welfare of the child. Parents will greatly benefit their children if they will try to create in them a favorable attitude towards the dentist. In order to accomplish this much to be desired and necessary attitude, parents should refrain from the discussion of difficult dental operations in the presence of children. Strange as it may seem, there are cases where parents actually threaten their children with the physician and the dentist when the children misbehave or are unruly. A

greater curse to the health of the child could not be committed.

Now there are people who say, "The old way is good enough, our children are better cared for than we were, and yet they are no brighter in mind and are no more robust in body than was our generation." This is true, but these people seem to have forgotten the changes in environment which have taken place since their childhood days. Then the population was widely scattered over large areas, with pure air, wholesome food, early hours and simple pleasures, largely enjoyed in the open air. But today the picture is different. Today, the population is largely crowded into cities and thickly settled communities with their fetid air, unwholesome food, food gathered green and ripened in transit, stale vegetables, cold storage meats and eggs, canned fruits, meats and vegetables, unwholesome drinks, the syrups of which are made from synthetic chemicals rather than from pure fruit sugars; and badly ventilated and overcrowded houses, school rooms and

vehicles of travel. Besides these things, we are living at a rate of speed never before witnessed in the history of the world. Our pleasures are exciting and our hours are late. No wonder these children are no more robust in body and no brighter in mind than was the generation which immediately preceded them. The great wonder is that so many have managed to survive under the handicaps placed upon them.

The Oral Hygiene Division of the North Carolina State Board of Health admonishes all parents to take their children to their family dentists and have their mouths thoroughly examined and all necessary corrections made, more especially those parents who have children who will start to school for the first time in September. If all parents will do this and then follow the instructions of their dentists as to periodical mouth inspections and the practice of mouth cleanliness, there will be fewer failures in schools and, consequently, less embarrassment for both the teachers and the parents.

The Sin of Being Sick

By REV. S. L. MORGAN, Creedmoor*

LAST Sunday when I went into the pulpit of a rural church I found beside the Bible a large card. A glance showed it was an appeal to the public to be inoculated against typhoid fever and diphtheria. I took for granted that the county health authorities were seeking to enlist the church and the preacher in the fight to prevent two of the most dangerous diseases. They did not see why the church and the preacher should not

be actively interested in promoting a campaign to prevent sickness. I did not either. Nobody mentioned the matter to me, nor told me how the card came to be there in the pulpit beside the Bible. But I gladly took the suggestion. I put into my sermon a paragraph referring to the card and urging that we should regard it as a sin to suffer from a disease that God has shown us we can escape. I preached on the heart of practical religion, and felt this paragraph not only belonged, but was one of the most important in the sermon.

*A similar article by Mr. Morgan has recently appeared in the Oxford Public Ledger.—Editor.

For many years I have taken this position, and wondered how any church or minister today can neglect to take an active part in preventing sickness. The most beneficent contribution made by science to the human race in the past century has been in preventive medicine. Many of the once dreaded diseases have been conquered. Once regarded as scourges sent by the Almighty to punish people for their sins, we now see that in His mercy God has shown us it is His will for us to escape from those diseases. For He has graciously revealed to us in case of some of the most dreadful diseases a means of escape that is almost absolutely certain. The famous physician, Dr. Osler, in summing up the progress of medicine in the 19th century, declared that smallpox, for example, is positively conquered—if only we use the knowledge God has given us. He said the German army, numbering nearly a million at that time, had not permitted a single case of smallpox in many years, and had no idea of ever permitting another case to occur. The military enforcement of periodic vaccination proved an absolute preventive. The serum against typhoid fever is almost absolutely sure. That against diphtheria is only a little less certain.

It is slowly seeping into the popular mind that a vast deal of sickness can be prevented. Even that it is a sin and a disgrace to suffer from a disease that can positively be prevented. Intelligent people today revolt against calling it a "mysterious dispensation of Providence" when someone dies of smallpox or typhoid fever. They know that the merciful God put in one's reach an almost absolutely certain means of escape from that particular disease. It is not gracious—nor intelligent—to ascribe to Providence the penalty suffered

from one's neglect to use the means of escape.

This needs to be added to our religious creed. We all hold that God is not to blame for the spiritual death of any sinner. God offered him the way of escape. Not to accept it is itself a sin. God has positively put in our reach a means of escape from certain diseases. He is not to blame if one suffers and dies from such a disease. He mercifully offered the way of escape. Some day our religion will frankly declare it, that not to escape from a disease God has shown us how to escape is itself a sin. And when the pulpit and the press frankly take this position, preventive medicine will seem as vital a part of our religion as is visiting and praying with the sick. Not to visit and pray with the sick would brand a minister as un-Christian. But he will be a wiser minister, if not more truly Christian, if he so preach and teach as to keep his people from being sick. It is his privilege to do this as regards certain preventable diseases. By using the knowledge God has given us a vast deal of the sickness and suffering and poverty of the community can be prevented. There is such a thing as "the sin of being sick," and we ought to teach it and preach it without apology.

Selling the Milk and Butter and Feeding the Children Biscuit and Coffee

Just a day or two before going to press with this issue, the Editor received an intelligent letter, as our readers will note, from an intelligent farm woman. The idea presented is good and we think that our readers will be interested in her point of view. As our correspondent has put the matter in concise and interesting

language, we herewith quote her letter in full. The letter follows:

"I guess it will be hard for me to explain to you just what I would like to. But this is it. Everywhere I go in North Carolina I see mothers who have cows and plenty of milk taking this milk and butter and selling it, and their children doing without. While it is none of my business, it just makes my blood boil, and I long to tell them what I think, but I do not do it; for in most cases it would do no good. Can't you figure out the value of milk per quart, at 10 cents here, and then compare with the food value of coffee and biscuit, raw potatoes, green apples, fried meat, and especially the raw food with dirt like apples, berries, peaches. Think of a child with a mother having a frigidaire full of nice cold milk and several pounds of butter, giving the children coffee and biscuit for breakfast, and then they eat everything raw all day. Lots of them have fatback and water gravy, coffee and bread. Some even have raw ham. What do you think of that for a six months old baby? I'll tell you what I think—I have seen, and known of, several dead babies that it killed.

"Now, to convince these mothers, I think we will have to prove milk cheaper food, from the money standpoint. Now, I would like to see you do this. Can you?"

All People Should Be Health-Minded

People who are considered unintelligent are not the only persons who disregard health rules. If you are inclined to think they are, just take a stroll and peep at the premises of those who are not only rated as in-

telligent, but who are in position to have all things necessary to properly safeguard health and to so keep those things arranged that no dangerous foes of health may survive.

We are thinking now particularly of mosquitoes. Notwithstanding the fact that the health authorities of Harnett County are trying to impress upon everybody the great importance of destroying breeding places of these pests, a casual glance will show that small pools of stagnant water are allowed for the free and unhindered multiplying of Anopheles, Culex and Aedes, carriers of malaria and yellow fever.

Sitting on a downtown porch any night now, since the warming up of the weather, is not a pleasure. Mosquitoes in droves swarm around and often the expression is heard, "Wonder where they come from?" Why, they come from small stagnant pools of water, harbor themselves in trees and shrubbery, and bite everyone who ventures out-of-doors at night. It is easy enough to know where mosquitoes come from if one but takes the time to investigate.

It is easy also to eradicate the pests. Simply by destroying the breeding-places of mosquitoes, every community can be rid of them. The breeding-places are stagnant pools—even a pint of water is sufficient.

Mosquitoes are a menace to health, and they should be eradicated. Places of breeding should be eliminated. This can be done if intelligent people become so health-minded that they will be determined in their desire to get rid of them.

In destroying the breeding-places of mosquitoes, by the way, healthier and more sightly surroundings, in a good many other respects, will be assured.—Harnett County News.

Rheumatic Heart Disease Is Called "Forgotten Health Problem" for Its Undramatic Appeal

Rheumatic heart disease is one of the greatest scourges of childhood and is often termed the "forgotten health problem." Its undramatic nature, its stealthy onset and slow, steady progress have no appeal to public emotion or interest, declares Phyllis B. Koehler in her article, "Rheumatic Heart Disease," in the June issue of "Hygeia."

A heart once damaged is more susceptible to new infection than a healthy heart. The damage is irreparable, and because rheumatic heart disease is chronic there is the ever-present fear that a recurrent attack will further impair the heart, until at last it may be utterly incapacitated.

Like a flash it may take hold of the child, but how it enters the body nobody knows. The portal of entry may have been the throat or nasal passages, diseased tonsils, decayed teeth or some other focus of infection. A general run-down condition, "spring fever" or old-fashioned "growing pains" may be the first signs of its invasion. Loss of appetite, nosebleeds, pains in the joints and muscles, and shortness of breath are also indications.

Nine out of every ten of its victims are also the victims of society—of improper housing and of inadequate feeding, for any infection will take hold when the body resistance is lowered. It is more prevalent in crowded urban communities than in the country, where sunshine and fresh air abound for all.

Children between the years of five and fifteen are most susceptible to its ravages, and the first five years of the disease are most important in forecasting its probable outcome.—*Hygeia*.



ANNE JOY FEEZOR

Three year old child of Dr. Forrest C. Feezor, Pastor of the Tabernacle Baptist Church of Raleigh, and Mrs. Feezor. One look at the picture and it is not necessary to say she is a picture of health.

Note From Canada

A Raleigh friend informs us that her sister-in-law lives in Canada, and three years ago, being an expectant mother, requested her to send up from the State Board of Health copies of our prenatal literature, particularly the series of confidential letters that go direct to the expectant mothers from the Department of Maternal and Child Health Service. The Raleigh friend informed us recently that her sister-in-law had written to her that not only had the literature been very helpful to her, but that several of her friends had called on her to lend the literature, which she had done, and that it had been passed about among them so often that it was almost worn out but still in circulation. She said they all particularly liked the letters and found them exceedingly helpful.

A Dentist Looks at His Patients' Food

Some time ago, the Editor received a letter from a friend of his who is one of the best known dentists in the State of North Carolina. The letter is a thoroughly interesting one and presents a viewpoint entertained by a large number of people in every walk of life. The question is one of the most controversial in the whole field of nutrition. The only possible objection which could be offered against the idea which our dentist friend so well presents is the same which could be used against a diet too heavily loaded with the roughage foods, as the raw leafy vegetables, etc., the objection being that too much of such a diet eaten regularly over the years for too long a period has a tendency to result in intestinal and digestive upsets. We prefer to let the so-called experts in nutrition argue the point, and we feel sure that our readers will find the dentist's letter very interesting. The letter follows:

"North Carolina dentists look into the mouths of thousands of patients daily and see tooth decay and gum diseases that are a direct result of improper foods.

"Preventive and restorative medicine and dentistry are wonderful in their place, but a mere suggestion of what could be done with an immunized human system is in order.

"This can only be accomplished by proper feeding with natural foods that contain those elements that build systems to a vital point above the virulence of germ life. This can be accomplished through the cooperation of the State Board of Health, the dentists, doctors and the Department of Conservation and Development. Our bread diet should carry more tooth.

bone and tissue building material than all other of our vegetable foods, and white flour, being all starch, combined with white sugar which forms a large part of our diet also, has rendered our systems the proper carbohydrate pabulum for every germ with which we come in contact.

"If our doctors and dentists would insist on whole wheat flour it would encourage the raising of wheat in all parts of North Carolina and hundreds of little flour mills would spring up as a result. Millions of dollars leave this State annually for the white flour of the West and North, because whole-ground wheat cannot be shipped successfully. Rats and bugs eat it and it becomes musty, while rats nor bugs will eat white flour, nor will it become musty, because the heart of the wheat is taken out and with it all of the lime, calcium, phosphorus and, in fact, everything that builds bone, teeth and resistance, leaving only the starch, which nothing except a human will eat.

"My plan is to sell this immunizing food plan to our doctors and dentists, they will sell it to their patients, our patients will demand it of our local dealers, then our farmers must raise the wheat here and our mills must grind it fresh. Millions of bushels of wheat will be grown in our State and hundreds of small mills will be built to grind it fresh for immediate use. All children eat bread and few like other vegetables. Why not encourage the use of the kind of bread that has everything that all other vegetables have? Whole wheat freshly ground has it.

"If North Carolinians can be induced to raise, grind and eat its own bread, millions will be saved to the State and millions will be benefitted physically and thousands will receive employment in raising, milling and selling home-raised wheat.

"I sincerely hope that you will give this matter considerable thought, as I believe it will not only sell health to North Carolinians, but will also be a means of awakening our people to conservation that is so important at this time."



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

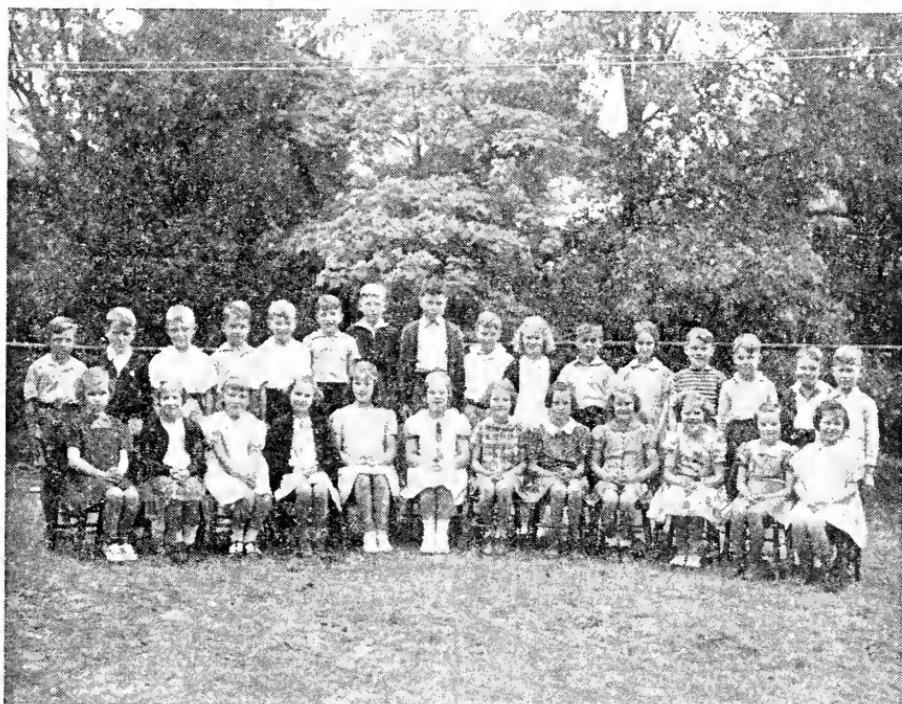
This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

SEPTEMBER, 1938

No. 9



Five-Point Pupils Third Grade Haymount School, Fayetteville

Last September, Mrs. R. F. Turk, teacher, Mr. Sisk, City Superintendent of Schools, and Dr. Foster and Miss Douglas of the Fayetteville Health Department, agreed on the desirability of a Five-Point program based on positive school health, the five points being immunization against diphtheria, smallpox and typhoid fever, correction of remedial defects and proficiency in school work. At the end of the school year, under Mrs. Turk's able direction, twenty-eight of the thirty-four pupils entering the contest emerged successfully. In the language of Mrs. Turk: "What has been done in my grade can be done for all children in North Carolina with the proper cooperation of health officials, school officials and parents."

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Appendicitis	Health Education	Smallpox
Cancer	Hookworm Disease	Teeth
Constipation	Infantile Paralysis	Tuberculosis
Chickenpox	Influenza	Tuberculosis Placards
Diabetes	Malaria	Typhoid Fever
Diphtheria	Measles	Typhoid Placards
Don't Spit Placards	Pellagra	Venereal Diseases
Eyes	Residential Sewage	Vitamins
Flies	Disposal Plants	Water Supplies
Fly Placards	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months;
Breast Feeding	15 to 24 months; 2 to 3 years; 3 to 6 years.
Infant Care. The Prevention of Infantile Diarrhea.	Instructions for North Carolina Midwives.
Table of Heights and Weights	

CONTENTS

Notice.....	Page 3
Health and Its Relation to Education.....	Page 3
A Brief Summary of the Advantages of Regular School Lunch Periods.....	Page 7
A School Health Project That Benefitted Entire Community.....	Page 9
Sickness, Injury and Death Among School-Age Children.....	Page 10
School Janitor Becomes Important Health Factor.....	Page 13
Death Ends Work of Mrs. Sloan.....	Page 15
Pamphlets and Leaflets Useful to Teachers in Health Education Programs.....	Page 16

THE Health Bulletin



PUBLISHED BY THE NORTH CAROLINA STATE BOARD OF HEALTH

Vol. 53

SEPTEMBER, 1938

No. 9

Health and Its Relation to Education

ADDRESS BY

CARL V. REYNOLDS, M. D., State Health Officer
Annual Superintendents' Conference, Boone, N. C.

ALL of us must realize that as teachers—in the broader sense—we must appreciate and feel the need for a sound mind in a sound body as the most important and essential plank in our educational platform. It is well that we are versed in the fundamentals—reading, writing and arithmetic—and further, have at least an acquaintance with the modern languages, historical events, and with the classics, etc. But, all this, and more, will not give us the security in times of adversity as will health, the basic essential of human happiness and the greatest assurance of independence. We must be morally, mentally and physically fit to be best prepared to receive, retain and apply the information a teacher has to offer.

The ambition of a true and sincere teacher is to turn out a well-rounded and useful citizen—to accomplish this, the subject must be morally, mentally and physically fit. And, to be mentally fit, you must be morally fit; to be morally fit, you must be physically fit; and to be physically fit,

you must be basically healthy. We can well say that with health, coupled with education, we can laugh at adversity and enjoy prosperity.

When we think of the school population as a whole, there are few fundamental defects that inhibit mental and physical development. To the contrary, there are a large percentage that can, through prevention, correction and cure, become leaders instead of drones in the school group. This cannot be accomplished through a routine examination by the school physician or nurse finding the defects and not being able to remove them. This removal can be accomplished only through the education of the individual to realize and

appreciate the value of health to the extent of seeking relief rather than being coerced into having the corrections made.

Just here may I suggest that there should be required of all school children, previous to enrollment, a certificate of their physical condition similar to a life insurance examination, and a requirement that all chil-

NOTICE

All editorial matter is crowded out this month in order to make room for the articles of Doctors Reynolds, Outland, and Norton, Miss Blue and Mrs. Highsmith. All of them deal with vital phases of school problems, which should be of more than passing interest to all of our readers. The September issue, it may be recalled, is always the annual school number.

dren shall be immunized against the immunizable diseases before matriculation.

Physical education, in the broader sense, vocational training, civic and safety education, art and music, are of importance as are facts and figures, but my concept is that it is the educators' responsibility to properly estimate the value of health and of its paramount importance in preparing the child for citizenship.

If any phase of education should be neglected, the last to surrender should be health education,—yes, health is fundamental and should be the first requisite.

Conrad and Meister have the following to say: "Education for health behavior as a way of personal and social living . . . cannot be achieved except as it grows out of all child experiences in the home, school and community." "There should be 'provision for continuous individual health education which will lead progressively to an understanding of the principles of healthful living and intelligent self-direction in the application of these to the conduct of life'."

Surely, it is our duty to instruct children in the prevention of disease and the preservation of health and to establish in them the habits and principles of living which will strengthen them throughout their school lives.

Health facts are of value only insofar as they develop health habits, attitude, interest and skills.

Courses of study should provide not only factual contents, but also activities which encourage continuous growth and interest. In this way we can establish permanent health habits and attitudes commensurate with his various grade levels which

will be reflected to advantage in his parents' home life. Visualize, if you will, the vast force for good with an army of 24,000 qualified teachers with a vision, instructing 900,000 children—and this army instructing their parents—the advancement we could make and the service we could render to the moral, social and economic welfare of the citizenry of our State and Nation.

Since the Federal and State Governments have begun to assume their part in supplementing funds to the counties and cities in establishing and maintaining public health units, and have established policies under which counties, cities and districts can participate, advancements have been most encouraging.

The movement has brought about full-time, qualified personnel, trained in our universities by outstanding instructors, a forward step when we recall that it was just yesterday that this personnel was gotten out of political favorites who learned through the old trial and error method from the school of experience. Since 1933 we have, in North Carolina, grown from 38 full-time county and district health organizations, to 76 in 1938. Or, to express it another way, 85 per cent of our population is now being administered to by full-time, qualified personnel in the new counties, and in the replacements in the old.

With the State health organizations working conjointly and happily for a common cause, it is now ready and prepared to suggest that we should have a closer coordination with our schools and the schools with us. There is an interlocking relationship between health and education and so essential are their component parts

that if we neglect one we seriously handicap the other.

Dr. John A. Ferrell, a North Carolinian and now of the Rockefeller Foundation, has this to say: "A number of community problems do not fall entirely within a single field." And, he further states, "A community problem which is of concern to the health department, whether urban or rural, relates to the lack of cooperation and coordination between the various essential services of the community which operates in the field of education, social welfare and public health."

Health impairment, whether it is from among the preventable, corrective or curative group, is a handicap to education. Poverty leads to disease and disease to added poverty, and both lead to the social welfare problem.

NUTRITION

Nutrition is a subject much neglected in our schools and to this omission can be attributed much loss in the pupils' advancement and an economic loss to the State.

Our knowledge of the scientific fundamentals of nutrition, the value of the protective foods—the lack of which causes "deficiency diseases"—as against the foods to supply our energy needs, has advanced to such an extent that we should put our existing knowledge into practice.

It seems to me that it is the function of the personnel of the schools, and the health departments, to teach the necessity for, and the value of proper nutrition, and to see that foods supplied in the schools to the pupils meet their requirements—with ample time given for the meal hour.

Through dietetics we can do much in this field, yet scarcely touched. In order to best fortify our bodies we

must familiarize ourselves with the qualitative as well as quantitative dietary essentials indicated in the various stages of body needs for development, replacement and resistance against diseases.

My suggestion then, is, that trained leadership secured from various department heads which have mutual interests, sitting as a committee of the whole, could be of enormous value in promoting, directing and improving that part of the problem that relates to their special activity, and out of such a group of expert consultants there would come a sounder, more efficient and a greater service.

As a matter of history, it might be well to call your attention to the fact that the Legislature of 1917 created, among other things, a thorough reorganization of the State's Public School system, and in the plan there was created a "Teachers' Institute." Six officials were appointed as "Institute Conductors." The Board of Health had one hour on the program of every institute. Dr. G. M. Cooper, now head of the Division of Preventive Medicine and Child Hygiene, conducted a one-man's series of institutes. This program was discontinued when the War of 1918 came on and remained inactive for twenty-one years.

There was again inaugurated a Health Institute for Public School teachers in North Carolina beginning March 10, 1938, and extending through April 28, 1938. Thirty-four Health Institutes were held with public school classroom teachers, principals and superintendents throughout the State. These programs were planned and presented through the cooperation of the State Department of Public Instruction, Division of Instructional Service, Mr. J. Henry Highsmith, Director; the State Board of Health,

Division of Preventive Medicine, Dr. G. M. Cooper, Director; and the State College Extension Division, Home Demonstration Service, Miss Ruth Current, Director. The slogan of the Institutes was "Better Health for Better Learning and Living."

The purpose of the Institutes was to promote more effective teaching of health in the public schools, to bring about a better appreciation of the place health deserves in the school program, and to stimulate a revival of interest in proper health practices and procedures for pupils and teachers. Dr. Roy Norton, Assistant Director of the Division of Preventive Medicine and Child Hygiene, had this to say after working in the thirty-four Health Institutes: "It was emphasized that with less than 500 public health workers in our local health departments and with about 24,000 teachers in the State, it is urgently necessary that both groups cooperate closely and also obtain the participation of interested local agencies in order to cut down the present lag between the acquisition and utilization of health information." He further states that "the most progressive step has been taken and the way opened for a better correlated and more effective health program in the public schools. From this series of hurried Institutes may very well develop a well-wrought permanent program of pupil and teacher health conservation that can do much in promoting more efficient and happy living for many generations in North Carolina."

May I make this observation in an effort to stimulate a deeper and more lasting interest—it is this—one must feel the need for something before he is willing to make a personal effort to secure it. The realization of this need can only come by knowledge gained through trained personnel.

We must admit that the physician, the dentist, the nurse and the nutritionist have a technical knowledge and are trained therapists, but most of them are not trained in pedagogy. The school teachers, on the other hand, do not have the technical knowledge, but are adequately trained in pedagogy. This is a sad commentary—as is—but with the physician, the dentist, the nurse and the nutritionist, trained in pedagogy, and the teachers given the technical knowledge—the picture is changed from what was an uninteresting program into an exceedingly interesting one.

With this well-rounded and coordinated service of well-trained and interested public health workers and teachers, North Carolina will play a leading role in Health Education.

I beg of you to assist in placing this cooperative program on a permanent basis. Knowledge is one thing—the ability to apply it is another.

HEALTHFUL SCHOOL BUILDINGS PROVIDE:

1. Safe, adequate water supply.
2. Sanitary toilets—toilet paper.
3. Sanitary drinking facilities.
4. Lavatories, soap, individual towels.
5. School lunch facilities.
6. Proper lighting and seating.
7. Adjustable heat, humidity, ventilation.
8. Individual places for wraps and hats.
9. Adequately equipped and supervised playgrounds.

Such a seat of learning is then an environmental educational health center.

Contrast this center with conditions that actually exist in North Carolina.

Listen: In 1936-1937 there were 4,194 schools, with a total enrollment of 864,836.

	Schools	%	Enrollment	%
Municipal water.....	747	17.8	369,180	42.7
No school water supply.....	1,114	26.5	65,132	7.3
Water supply fair to good.....	1,653	39.5	637,378	74.0
Water supply bad.....	1,427	34.0	182,326	18.7
Using common cups.....	1,338	32.5	106,013	12.0
Drinking facilities fair to good.....	844	20.1	307,635	35.5
Drinking facilities bad.....	3,316	79.0	554,099	64.0
Having lavatories.....	1,293	31.0	596,034	69.0
*Adequate handwashing facilities.....	221,000	25.0
*-Approximate.				
City sewerage or septic tank.....	1,280	30.2	596,546	67.5
Privies.....	2,838**	67.	284,282	32.
No sewage disposal facilities.....	120	2.9	4,236	0.5
Rating fair to good.....	2,566	61.2
Rating bad.....	1,506	35.9

**24 schools have sewerage and privies.

"The way a twig is bent the tree is inclined." How can we justify such insanitation in our school buildings and on our school grounds—the centers of education—when we teach the children that such a condition is contrary to all health laws? In my opinion, it should be mandatory that the physical properties of our schools and grounds be kept in a sanitary condition, or some authorities should

have the legal right to close the school until such corrections have been made.

In closing, I quote a sentence from Dr. Irvin Abell, of Louisville, Ky., who says: "Today a large bulk of scientific medical measures of vast value in both preventive and curative medicine must wait until the level of the intelligence of the people is prepared to accept them."

A Brief Summary of the Advantages of Regular School Lunch Periods

By C. L. OUTLAND, M. D., F. A. P. H. A.
Medical Director, Richmond Public Schools

I HAVE for many years felt that mid-morning lunch periods for the average school child are unnecessary and in some instances may even be harmful in so far as building a child up is concerned. In each school there are probably not more than half a dozen children who should be given food at this time, and then only on the advice of the family physician; for the rank and file of all of our school children this does not seem to be necessary. The better thing to do, in my opinion, is to stress with the children and especially with the parents, the need and importance of a good breakfast, consisting of cereal, toast, egg, bacon, milk and such com-

bination of foods which will give the child enough not to be hungry at the 10:30 recess period. I think this should apply to all age groups and even in the open-air classes. That this is practical has been definitely proven in several of our open-air classes.

There should not be a connection between play and food. Both are separate functions and should be treated as such. The short recess should give the child an opportunity to be out-of-doors to get the benefit of a complete change of air and surroundings and to work off surplus energy. Also, if a child knows that there is not a chance for food an hour

after reaching school his interest in breakfast will be greater, and too, he will not have spoiled his appetite by foods which are not suited for a completely balanced diet, as for instance, candy, buns and other sweets. All of us know that any of these tend to take away his appetite for a more balanced diet at the regular lunch period.

On the other hand, there should be a time for him to eat without hurrying. We constantly see a child with his lunch in one hand and a ball or bat in the other; therefore, he cannot get the best out of either. There is a vicious circle—first, he may not care for breakfast, nor does he think about it, as he knows that within a short time after the opening of school he will have a chance for food; thus he has missed a warm, nourishing breakfast. When lunch time comes he has lost the desire for a good warm lunch, let it be at home or in the school cafeteria, consequently he eats very little or nothing and rushes out to play. By the time school is out and he has arrived home, he may be, and usually is, hungry, he ransacks the pantry or ice box and eats what is found about 3:00 or 3:30 P. M., so that when dinner time comes he has again lost his appetite for the only well-balanced meal of the day, and so it goes day in and day out. There is no wonder that we have so many underweight, undernourished, listless children, nor is it surprising that we have so many decayed teeth, poor posture, malformed bones and weaklings, nor that so many of our children are susceptible to any disease which might overtake them.

In proof of the above, I should like to cite the fact that several schools have already changed the mid-morning lunch, they have been watching the children about food habits and be-

tween-meal eating. I should like to give results in one school where a definite time to play and a separate time for food have been arranged. Each day in this school there is the usual 10:30 recess, this is for health habits and out-of-doors recreation, no food or sweets; then there is a definite period for lunch and the children sit at a table either to eat a lunch brought from home or bought in the cafeteria. They do not rush, as there is no time for play at this period; they go back to the class room and later on have a regular recess and play time. It has brought satisfactory results, as shown by the following facts from one school.

A comparison of figures showing the decrease in the number of underweight children:

In October there were 103, or 19 per cent, of total roll, 10 per cent or more underweight.

In February there were 88, or 15.7 per cent of total roll, 10 per cent or more underweight.

In June there were 52, or 9 per cent of total roll, 10 per cent or more underweight.

There has been a gain in weight averaging $1\frac{1}{2}$ pounds for each child in the entire school.

Points which the principal and teachers have noticed in connection with the new plan are as follows:

1. Name of the period has helped. It is called lunch hour and has no connection in the minds of the children with the playground.
2. Attitude of leisure. There is no need to hurry, as the whole period is devoted to lunch and conversation.
3. Very little wasted food. There is a great difference here in comparison with the old recess period.
4. Teachers can observe what the child eats and the manner in which it is eaten; it gives her a basis for further discussion of well-rounded lunches.

5. Children come with good appetites. Having had no food since breakfast, the children are hungry for lunch.
6. Less fatigue at the end of the day, with the recreation period coming later.

Point of view of mothers and children:

1. After the first week or two the children were most enthusiastic. We noticed the enjoyment of children transferred from other schools.
2. The mothers say that the children are more willing to eat a good breakfast under the new plan. Without a dissenting voice

they speak with approval of the new plan. This is largely a reflection of the children's attitude.

Summary:

1. Stress at every opportunity a good breakfast.
2. Discourage eating between meals, except raw fruit or fruit juices.
3. Encourage by example the value of good foods, a balanced diet, and its effect upon the body build, teeth and bone formation, and general health.
4. It has been definitely proven that children will cooperate in this plan.

A School Health Project That Benefitted Entire Community

By MISS JEAN BLUE

Raleigh School Health Nurse

(This report of a health project conducted at the Barbee School, Raleigh, is significant in that the pupils, parents and teachers entered into the plan, and that it was through their cooperative efforts that the children's health improved, that they were less nervous, ate a greater variety of foods, studied better, and the community became a better place in which to live. The parents raised the money that afforded a more adequate lunch for all, they saw that a large number of the children's physical defects were corrected, and the children themselves took interest in bringing up the health scores on their school cards. Hence the school health project became a community interest, and its benefits felt more than community-wide.—EDITOR.)

AM including a brief summary of a report of a health project started in Barbee School in September, 1937, and ended in May, 1938.

There were 91 children examined in September and 86 at the end of the project. A record of each child was entered on his school card. This included the result of the physical examination, height, weight and the nature of physical defects.

The routine included a morning lunch, consisting of fruit and milk, a well-balanced meal at noon and a rest-period of one hour in the afternoon. The underweight children were weighed weekly and their weights recorded. Early in November a dentist spent two weeks in the school, at which time every child was examined and given the necessary dental care,

as well as instruction in oral hygiene.

At the time of the first examination in September, 27, or 29.5 per cent, of the children, were found to be 10 per cent or more underweight. In May, at the time of the last examination, there were 12, or 14.5 per cent, who were 10 per cent underweight—a reduction of more than 60 per cent in the underweight children. It was found that 14 children, or 15.5 per cent, were 7 per cent underweight when the project started, and this number was reduced to 3 or 4.5 per cent at the end of the project. There were 25 children, or 27.5 per cent, who, in the opinion of the examiner, needed to have tonsils and adenoids removed. During the period of observation, 16 children, or 64 per cent of the number, had their tonsils and

adenoids removed. There were 9 children, or 91.8 per cent, who had defective vision and for whom glasses were recommended. Eight of these had glasses fitted during the period of observation.

When the project started, 38 children, or 41 per cent, had decayed permanent or temporary teeth. All dental defects were corrected. Only 50 children, or 57 per cent, were brushing teeth daily when the project was started, and at its close this number was increased to 82 children, or 93 per cent. Thirty-four, or 37 per cent, were drinking milk daily at the beginning of the project, and 82, or 93.5 per cent, at the end of the project. Seventy-eight, or 85.5 per cent, of the children submitted specimens to be examined for intestinal parasites. Four, or 4.5 per cent, were found positive for hookworm, and 2, or 2.5 per cent, for tapeworm. All of these children received treatment.

The percentage of the children found underweight, the number having physical defects, and the habits of the children are all, I think, common to the average public school. What has been accomplished in this short period toward correcting the children's defects and improving their health shows that a school health program is both practical and feasible, and that closer cooperation should

exist between parents and all others concerned with school health work.

The principal of the school reported the following improvement in the children during the year: Very few colds; a steady gain in weight; not nearly so much nervousness and irritability; children more attentive; learned to like and to eat more vegetables; health habits and rules taken into the homes; and consequently a better community and happier children.

During June the annual typhoid fever and diphtheria campaign was conducted, at which time a total of 5,102 persons were vaccinated—typhoid 4,731, and diphtheria 731.

Under the heading of tuberculosis control, only 2 cases were reported. There were 2 deaths recorded. A diagnostic clinic for adults was held each Tuesday afternoon, and a children's clinic each Friday afternoon, the children having previously been given the tuberculin test and showing a positive reaction. At these clinics, a total of 180 persons were examined. Of this number, 59 attended the adult clinics and 129 attended the children's clinics. As to race, 84 were white and 194 were colored. Seventeen children were instructed to return at certain times for further examination. No active tuberculosis was found.

Sickness, Injury and Death Among School-Age Children

By ROY NORTON, M. D.
Assistant Director, Division of Preventive Medicine

THE figures presented below are based on reports made to the State Board of Health over nine-year periods for which statistics are now available: for infectious illnesses, 1929 through 1937; for deaths, 1928

through 1936. The data on deaths are more nearly complete. Illnesses from malaria are numerous, but it has only recently become reportable to the State Board of Health. Another unreported disease is the com-

mon cold, which is responsible for more absences from school than any other communicable disease.

In many counties the reporting of communicable diseases is sadly incomplete, especially where there is no county health department to provide at least partial nursing, preventive and health education services. Many health departments are working with pitifully inadequate budgets and the small staff are valiantly, but too often vainly, attempting to provide a great variety of public health services to too many widely scattered people.

Some diseases are much more prevalent than reports indicate. For instance, during 1936 and 1937, Scotland, Warren and Rockingham counties, without local public health services, reported 51 cases of syphilis, while Robeson, Vance and Surry, adjoining counties, with less than 45 per cent greater total population, reported 1,067, or over twenty times as many cases. Some county officials point to their comparatively favorable case rates and death rates that do not represent the true situation and use these as a cloak behind which they smugly and complacently are doing nothing and resent any suggestion of change with regard to improving health services in the county.

It is shameful that most of the types of diseases and injuries listed below are largely or altogether preventable. Much of the 20 to 30 per cent retardation in our schools is due to preventable or correctible illnesses and defects. The great majority of our boys and girls in schools are definitely hindered in their growth in wisdom and in stature by one or more of such handicaps as malnutrition, dental defect, defective vision, diseased tonsils, constipation, postural defect or poor hearing. There is widespread hookworm, malaria, pel-

lagra and tuberculosis. Isn't the protection and promotion of health as essential to efficiency and happiness as a smattering of the three "R's"?

Adequate medical and health care involves a triple program of treatment of illness and injuries, prevention and health education. The proportion of our spending is about thirty for the first to one for the latter two. Will our children grow up to call us blessed or wise with this proportioning of health investment? Will they respect their elders for farsightedness in relative values?

We furnish reasonably good medical care and healthful quarters for our prisoners. They live under State compulsion and we can count their absence from work in dollars and cents. Our school children also live under a compulsory school law, but their absenteeism and retardation are not calculated in dollars and cents. Though the problem of health care of school children is more formidable, are not the potential rewards sufficient to justify our determined efforts aimed at its solution?

Practical application lags far behind the accumulation of health and medical knowledge. The multitudinous rear-guard of our civilization is ever plagued by ignorance and the hangover of misconceptions and misinformation. Most diseases and defects are insidious, often mild and chronic, sapping the resistance, dulling industry and cropping the wings of the spirit. Souls yearn to soar, but malnourished, defective and diseased bodies say, "What's the use?" For decades we have known how to cure or even prevent most of these common diseases and injuries. Yet the country deludedly spends \$360,000,000 a year on patent medicines, for palliation and forgetfulness. We have less than 500 full-time public health workers in our local health departments of

the State, but if these few can co-ordinate their efforts with our 24,000 public school teachers, then our children, and through them, parents can be taught to apply information promptly as it becomes available.

The following statistics indicate some of the most pressing health problems among our school-age population. The difficulties are many, but not insurmountable. For instance, so-called accidental deaths are largely due to lack of foresight and courtesy,

appendicitis deaths to procrastination and purgation. Diphtheria and smallpox can be controlled by vaccination, typhoid by sanitation and vaccination. Many deaths and much illness can be prevented by more general use of only safe water and milk and the safe disposal of human wastes. There must be intelligent cooperation of doctors, nurses, parents, teachers, boys and girls. Study the group lists to find where your help can mean most.

Reported Cases of Communicable Diseases in North Carolina During 1929-1937

	WHITE		
	Age 5-9 Years	Age 10-14 Years	Age 15-19 Years
1. Measles.....	51,299	Measles.....	19,280
2. Whooping Cough.....	29,196	German Measles.....	5,155
3. Chickenpox.....	21,159	Whooping Cough.....	4,402
4. Scarlet Fever.....	10,923	Scarlet Fever.....	3,817
5. German Measles.....	6,957	Chickenpox.....	2,779
6. Diphtheria.....	6,759	Influenza.....	1,867
7. Influenza.....	2,431	Diphtheria.....	1,685
8. *Tuberculosis.....	869	*Tuberculosis.....	1,400
9. Ty. & Paraty. F.....	700	Ty. & Paraty. F.....	626
10. Pellagra.....	377	Pellagra.....	335
11. Gonorrhea.....	305	Gonorrhea.....	164
12. Sep. S. Throat.....	198	Sep. S. Throat.....	119
13. Syphilis.....	101	Syphilis.....	94
14. Smallpox.....	64	Smallpox.....	29

	NEGRO		Age 15-19 Years
	Age 5-9 Years	Age 10-14 Years	
1. Measles.....	6,875	Measles.....	3,426
2. Whooping Cough.....	3,542	Whooping Cough.....	873
3. Chickenpox.....	2,393	Chickenpox.....	861
4. Diphtheria.....	823	*Tuberculosis.....	799
5. German Measles.....	608	Syphilis.....	786
6. Ty. & Paraty. F.....	524	German Measles.....	604
7. *Tuberculosis.....	403	Ty. & Paraty. F.....	480
8. Syphilis.....	382	Influenza.....	307
9. Scarlet Fever.....	322	Diphtheria.....	285
10. Influenza.....	314	Gonorrhea.....	145
11. Gonorrhea.....	175	Scarlet Fever.....	123
12. Smallpox.....	67	Pellagra.....	82
13. Pellagra.....	57	Smallpox.....	50
14. Sep. S. Throat.....	12	Sep. S. Throat.....	21

**TOTALS

	Age 5-9 Years	Age 10-14 Years	Age 15-19 Years
1. Measles.....	58,673	Measles.....	22,939
2. Whooping Cough.....	33,417	German Measles.....	5,882
3. Chickenpox.....	23,868	Whooping Cough.....	5,445
4. Scarlet Fever.....	11,224	Scarlet Fever.....	3,967
5. German Measles.....	7,698	Chickenpox.....	3,735
6. Diphtheria.....	7,633	*Tuberculosis.....	2,248
7. Influenza.....	2,759	Influenza.....	2,187
8. *Tuberculosis.....	1,282	Diphtheria.....	1,984
9. Ty. & Paraty. F.....	1,234	Ty. & Paraty. F.....	1,116
10. Pellagra.....	510	Syphilis.....	891
11. Gonorrhea.....	487	Pellagra.....	455
12. Syphilis.....	455	Gonorrhea.....	315
13. Sep. S. Throat.....	213	Sep. S. Throat.....	145
14. Smallpox.....	131	Smallpox.....	80

*-Approximate.

**-Totals include: White, Negro, Indian, and those whose races are not stated.

Deaths From Ten Leading Causes in North Carolina During 1928-1936

Age 5-9 Years		WHITE		Age 15-19 Years	
		Age 10-14 Years			
1. Pneumonia.....	451	Pneumonia.....	300	Auto Accidents.....	547
2. Auto Accidents.....	370	Auto Accidents.....	258	Pneumonia.....	423
3. Diphtheria.....	334	Appendicitis.....	229	Tuberculosis.....	350
4. Influenza.....	173	Diseases of Heart.....	141	Appendicitis.....	245
5. Appendicitis.....	164	Diseases of Kidneys.....	108	Influenza.....	213
6. Accidental Burns.....	124	Influenza.....	119	Diseases of Heart.....	197
7. Measles.....	114	Firearm accidents.....	81	Accidental drowning.....	144
8. Diseases of Kidneys.....	110	Accidental drowning.....	79	Diseases of Kidneys.....	125
9. Diseases of Heart.....	108	Tuberculosis.....	70	Firearm accidents.....	106
10. Pharynx & Tonsils.....	107	Measles.....	52	Typhoid.....	64
NEGRO					
Age 5-9 Years		Age 10-14 Years		Age 15-19 Years	
1. Pneumonia.....	270	Tuberculosis.....	371	Tuberculosis.....	1,577
2. Tuberculosis.....	184	Pneumonia.....	203	Pneumonia.....	424
3. Accidental burns.....	136	Diseases of Heart.....	121	Diseases of Heart.....	216
4. Auto accidents.....	109	Influenza.....	90	Influenza.....	204
5. Diseases of Heart.....	98	Appendicitis.....	83	Auto accidents.....	170
6. Influenza.....	89	Auto accidents.....	81	Diseases of Kidneys.....	130
7. Typhoid.....	84	Accidental drowning.....	81	Appendicitis.....	122
8. Diseases of Kidneys.....	82	Typhoid.....	79	Accidental drowning.....	121
9. Diphtheria.....	57	Firearms accidents.....	66	Typhoid.....	113
10. Appendicitis.....	56	Diseases of Kidneys.....	61	Firearm accidents.....	89
*TOTALS					
Age 5-9 Years		Age 10-14 Years		Age 15-19 Years	
1. Pneumonia.....	725	Pneumonia.....	507	Tuberculosis.....	1,932
2. Auto accidents.....	482	Tuberculosis.....	431	Pneumonia.....	852
3. Diphtheria.....	392	Auto accidents.....	352	Auto accidents.....	717
4. Influenza.....	263	Appendicitis.....	316	Influenza.....	420
5. Accidental burns.....	261	Diseases of Heart.....	262	Diseases of Heart.....	413
6. Tuberculosis.....	253	Influenza.....	209	Appendicitis.....	367
7. Appendicitis.....	221	Diseases of Kidneys.....	171	Accidental drowning.....	268
8. Diseases of Heart.....	207	Accidental drowning.....	161	Diseases of Kidneys.....	256
9. Diseases of Kidneys.....	194	Firearm accidents.....	149	Firearm accidents.....	195
10. Pharynx & Tonsils.....	146	Typhoid.....	127	Typhoid.....	177

*-Totals include: White, Negro, Indian, and those whose races are not stated.

School Janitor Becomes Important Health Factor

Health and Safety of Pupils and Teachers Dependent on Efficient Janitorial Service

By MRS. J. HENRY HIGHSMITH
Assistant Director, Health Education, State Board of Health

THE place of the school janitor of other days has changed from one of minor importance which usually implied sweeping floors, removing ashes and firing a stove or furnace, to one of increasing importance. Modern school buildings require the services of janitor-engineers who have considerable technical knowledge about the operation of the mechanical equipment of a school plant, who have an understanding of the scientific

principles employed in sanitation, disease prevention and general safety, and who have good moral habits, good judgment, fine cooperative attitudes and school loyalty. The janitor of today must be engineer-sanitarian-diplomat and general manager. He must be chosen with care, next to that of the principal, as upon the efficiency of his services depend the safety, health, comfort and general welfare of the inmates of the building.

In the school health program, the janitor comes next to the teacher in promoting health conditions and enabling health teachings to be put into practice. If he is trained to know what constitutes cleanliness, how diseases are spread, and what are some of the practical, common-sense methods of keeping down dirt and disease, his services are found invaluable in maintaining healthful surroundings and making possible more efficient work on the part of the pupils.

As to the efficiency of the janitorial service in the schools of this State, there seems to be a question. Recently we noted in a national school journal that North Carolina was highly commended for its foresighted policy of conducting a training school for janitors and for requiring of every applicant for janitor positions a health certificate from a reputable physician. About the same time we heard a number of complaints from teachers and principals to the effect that the practice of health rules and hygiene instruction in school is difficult if not impossible on account of poor janitor service.

Our interest in health work in the schools, particularly at this time when the State Board of Health and the State Department of Education are cooperating to get established in the schools a better correlated program of health education, has lead us to investigate the status of janitorial service in the public schools, especially as it affects health conditions. Now that this progressive health program is about to be launched, with teachers, principals and superintendents all willing to cooperate, we would by no means have the janitor's service become the lion in the path of progress.

We might say here that the criticisms or complaints coming to our

attention have fallen under one of five heads, as follows:

1. Janitor service inefficient, and often a menace as a possible spreader of filth and disease germs.
2. Janitor, untrained, knows nothing of the principles of cleanliness and school sanitation.
3. Janitor unable to read and write, and hence incapable of reading and understanding the reasons for doing certain things; therefore, he leaves many important things undone.
4. Janitor gives only part-time service to school. Says he's paid around \$40 per month and must seek outside work to earn a living wage.
5. Janitor's supplies, such as soap, towels, toilet paper, brooms, brushes and cleansing materials (not fumigants) wholly inadequate for maintaining cleanliness. Sufficient water for hand-washing purposes not allowed in many instances.

Through a visit to the State School Commission, whose duty among other things is to "set the standards for operating the public schools" of the State and jointly with the State Board of Education to fix the salary schedules for all its employees, we learned that training for janitors is furnished free, but not made available to all, that a comparatively small number apply for this short course of instruction each year. The school for white janitors was held for one week this summer as usual at State College, Raleigh, with sixty janitors attending. The one for colored was held at A. & T. College, Greensboro, with fifty attending. The instruction for the most part had to do with the care and keeping of school property, boilers, furnaces, floors, walls, toilets, grounds, etc., and only incidentally with the health and safety of the pupils and teachers. The student-janitors were given little technical or scientific information concerning filth as a carrier of disease, cleanliness

and its relation to health, methods of disease prevention and essential measures of safety as such.

We found that janitors are underpaid for the work they are supposed to do, the maximum monthly wage paid by the Commission for janitorial service being \$52.80. It was explained, however, that wherever a janitor deserves more pay the local school board is expected to supplement the State wage. A similar explanation was given to the complaint that janitorial supplies are frequently inadequate. Ability to read and write is not one of the general qualifications listed for a janitor, but he "must be able-bodied and of average intelligence, a man of high moral character, sober, honest and have a good reputation," and yet is paid \$30, \$40 or \$50 per month, not over \$52.80 at most, from the State School funds.

The State law requires of janitors, as of teachers and school superintendents, a health certificate which shall be filed in the office of the superintendent each year, and which shall certify "that the said person has not an open or active infectious state of tuberculosis or other contagious disease." But the enforcement of this law is left to the superintendent or school board employing the janitor. It is the opinion of one member of the School Commission that many superintendents do demand health certificates while a larger number do not.

From the foregoing it is apparent that if the schools are to be made and kept safe and sanitary and provide the conditions under which pupils and teachers can do their best work, there should be:

1. Better trained janitors employed, and higher standards or qualifications set up and met.
2. More adequate provision made by the State and local school units for training the janitors now in service, which training

should include the principles of hygiene and sanitation.

3. An increased wage scale that will attract more capable workers.
4. Increased funds sought through the Legislature, that there may be sufficient supplies and facilities for teaching children the simplest health habits, and safeguarding the lives of nearly 900,000 future men and women.

DEATH ENDS WORK OF MRS. SLOAN

Mrs. Margaret Sloan, for several years a valued nurse in the Department of Preventive Medicine, died in a Wilmington hospital on July 12. For many years the small staff of State Board nurses remained unbroken and all of them worked hard the year round. Miss Livingston died on May 26, and her death followed so closely by that of Mrs. Sloan is seriously felt by the nursing service of the Board.

Mrs. Sloan was the second wife of Dr. Henry Sloan, of Ingold, one of the State's best loved physicians. Following his death she entered the public health service as County Nurse in the Sampson County Health Department. After several years of highly successful service there she joined the staff of the Robeson County Department. For about eight years she rendered invaluable service to the women and children among the poor. She was induced to come with the State Board of Health from Robeson. Her work in the service here was a real contribution to the cause of public health nursing. She made many warm friends, who mourn her passing.

PAMPHLETS AND LEAFLETS USEFUL TO TEACHERS IN HEALTH EDUCATION PROGRAMS

(NOTE: Be sure to request the latest revised list from these sources, since new and better material will become available.)

THE MONTHLY HEALTH BULLETIN.....	Free
LITERATURE on Adenoids and Tonsils, Appendicitis, Chickenpox, Constipation, Diphtheria, Eyes, Flies, Measles, Hookworm, Influenza, Malaria, Pellagra, Privies, Scarlet Fever, Septic Tanks, Smallpox, Teeth, Tuberculosis, Typhoid, Water Supplies, and Whooping Cough.....	Free
HEALTH PLAYS—Health Wedding, A Fellow's Best Friends, A Lesson From the Past	Free
LISTS OF LEADING ILLNESSES AND CAUSES OF DEATH IN VARIOUS AGE GROUPS	Free
(The educational Health Exhibit should be visited at the State Board of Health.)	
The above may be ordered from the North Carolina State Board of Health, Raleigh, N. C.	
WHAT EVERY TEACHER SHOULD KNOW ABOUT THE PHYSICAL CONDITION OF HER PUPILS (By James Frederick Rogers, M. D.).....	.05
SANITATION OF SCHOOLS (By James Frederick Rogers, M. D.).....	.05
THE LUNCH HOUR AT SCHOOL.....	.05
BLIND AND PARTIALLY SEEING CHILDREN (By Beatrice McLeod).....	.05
GIFTED CHILDREN (By Elise H. Martens).....	.05
DEAF AND HARD-OF-HEARING CHILDREN (By Beatrice McLeod).....	.05
CHILDREN OF LOWERED VITALITY (By Beatrice McLeod).....	.05
CRIPPLED CHILDREN (By Beatrice McLeod).....	.05
MENTALLY RETARDED CHILDREN (By Elise H. Martens).....	.05
CHILD MANAGEMENT (By D. A. Thom).....	.10
SAFETY AND HEALTH OF THE SCHOOL CHILD (By J. F. Rogers, M. D.).....	.10
The above may be ordered from the Superintendent of Documents, Washington, D. C., at the price indicated.	
MINIMUM HEALTH REQUIREMENTS FOR RURAL SCHOOLS.....	.10
HEALTH ESSENTIALS FOR RURAL SCHOOL CHILDREN.....	.15
HOME AND SCHOOL COOPERATION FOR THE HEALTH OF SCHOOL CHILDREN20
Order the above three from the National Educational Association, 1201 16th Street, N. W., Washington, D. C.	
THE SUMMER ROUND-UP OF THE CHILDREN.....	Free
Supplied by National Congress of Parents and Teachers, 1201 16th Street, N. W., Washington, D. C.	
CHILD HEALTH AND THE ELEMENTARY SCHOOL (By J. T. Phair).....	.15
Supplied by American Public Health Association, 50 W. 50th Street, New York City.	
POINTERS ON HEALTH ASSETS.....	Free
TEACHING UNIT ON GOOD HEALTH AND GOOD MANNERS.....	Free
AIR AND SUNSHINE.....	Free
HEALTHFUL SCHOOL LIVING	Free
The above four from National Tuberculosis Association, 50 W. 50th Street, New York City.	
FOOD IN RELATION TO THE EYES.....	.05
DAYLIGHTING THE SCHOOLROOM.....	.05
A PROGRAM OF EYE HEALTH IN THE SCHOOL SYSTEM.....	.10
THE WELL LIGHTED SCHOOLHOUSE—A COOPERATIVE EFFORT.....	Free
EYE HEALTH OF YOUNG CHILDREN.....	Free
ILLUMINATION INTENSITIES FOR READING.....	Free
LOOKING FORWARD	Free
LET'S SEE	Free
EYE HAZARDS IN PLAY.....	Free
SIGHT SAVING CLASSES IN SCHOOL SYSTEMS.....	Free
The above ten supplied by National Society for Prevention of Blindness, 50 West 50th Street, New York City.	
SEX INSTRUCTION IN PUBLIC SCHOOLS.....	.10
Supplied by American Social Hygiene Association, 50 W. 50th Street, New York City.	



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD OF HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

OCTOBER, 1938

No. 10



Healthful Recreation Abounds in the Great Out-of-Doors

Neither the mountains nor the seashore have a corner on scenic beauty in North Carolina, as is indicated by the above photograph, which was made on U. S. Highway No. 64, near Asheboro, the geographic center of the State. Easily accessible to most communities are places of natural beauty, in which wholesome relaxation may be enjoyed. Fresh air and sunshine are essential to good health—the great out-of-doors beckons you to come and partake of them. Randolph County has a competent, well organized health department.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils
Appendicitis
Cancer
Constipation
Chickenpox
Diabetes
Diphtheria
Don't Spit Placards
Eyes
Flies
Fly Placards

German Measles
Health Education
Hookworm Disease
Infantile Paralysis
Influenza
Malaria
Measles
Pellagra
Residential Sewage
Disposal Plants
Sanitary Privies

Scarlet Fever
Smallpox
Teeth
Tuberculosis
Tuberculosis Placards
Typhoid Fever
Typhoid Placards
Venereal Diseases
Vitamins
Water Supplies
Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care
Prenatal Letters (series of nine monthly letters)
The Expectant Mother
Breast Feeding
Infant Care. The Prevention of Infantile Diarrhea.
Table of Heights and Weights

Baby's Daily Time Cards: Under 5 months; 5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Instructions for North Carolina Midwives.

CONTENTS

Notes and Comment	Page 3
Nutritional Problems	Page 7
How Can Boys and Girls Be Informed Regarding Syphilis?	Page 9
Birth and Infant Death Rates: 1937 by Cities in North Carolina	Page 10
Is Yours a Healthful School Building?	Page 10
More Intelligence Needed As to What to Eat	Page 11
Our Water Supply	Page 12
Morehead City Working to Eradicate Ragweed	Page 14
Beauticians Adopt Health Measure	Page 15
Local Health Departments Now Serve Seventy-Six Counties	Page 16
Diphtheria Immunization Made Compulsory in France	Page 16

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Notes and Comment

By THE EDITOR

THIS month we are indebted to Mr. M. F. Trice, an engineer in our Division of Industrial Hygiene, for the front cover. Mr. Trice is also author of the caption which we are running under the picture. Mr. Trice is calling attention in this caption and with the beautiful illustration of a Randolph County scene to the fact that our State is not dependent upon coastal line or the mountains on the Tennessee border for beauty and recreational facilities.

There is scarcely a county in the State that does not have places of exquisite beauty which at some period of the year would give joy and happiness to visitors. The only thing that is necessary is for recreational facilities and suitable lodging and food to be provided. It is hard for our people sometimes to realize the heritage that they have received from their ancestors. Too often it is carelessly regarded and too much of it has already been allowed to slip away into alien hands. One of the curses of the State of North Carolina is absentee ownership of its natural resources, its lands and its timbers, as well as its factories and other industries. People who live elsewhere, whose chief interests are in other sections of the United States or of the world, care little or nothing about the preservation of our natural resources and our places of beauty. The only interest is dividends to be obtained here and sent off somewhere else to be spent.

The health of our people depends in large measure upon their economic condition and the facilities they have for utilizing and possessing for themselves such facilities.

The other day we received an inquiry from a man outside of North Carolina wanting to know where he could find in North Carolina a good hotel suitable for a prolonged stay adjacent to some good natural healing springs such as Europe is covered with. On inquiry we could not find a solitary place in this State to which he could be sent. Forty years ago such places as Moore's Springs, Connelly Springs, Jackson Springs, Seven Springs, and a number of others had comfortable hotels open the year around, and people went to such places by the thousands, not only invalids and semi-invalids, but well people. Such places seem to have gone into the discard entirely, and it may be well enough, because no one knows how many cases of typhoid fever, colitis, syphilis and other communicable diseases were contracted in these places. There was little conception then of the dangers of communicable diseases. Sanitation was an unknown quantity and no restrictions whatever were practiced for the protection of visitors. One thing, however, stands in memory—the beds in the hotels were superb and the food was everything that could be desired.

It seems to us if some of these places could be rehabilitated and put on a modern basis, with complete

protection for people wishing to visit them, and clean, safe and suitable hotel accommodations provided, that it would be a fine idea to have some of them developed again. The suggestion is here made for the consideration of investors that if some good hotels built and operated on a moderate basis on the principles of a semi-convalescing home, that many patients who are forced to leave hospitals on account of expense and unsuitability in the average hospital for the care of convalescing patients could proceed to such places where they would have quiet, and competent nursing and medical care available, that it would fill a very acute need at this time.

We would like to add, however, that in our opinion the virtue of the waters consumed at all such places is due almost exclusively to the fact that it is water and that the patients going there in the old days consumed about ten times as much water as they would at home, and therefore the virtue was simply that of good drinking water. If such water could be made safe, hotels and recreational grounds quiet and restful, somebody could make good returns on investments, and we have a growing need for such facilities in this State.

* * * *

As the years lengthen out during which time the present Editor of the Health Bulletin has been responsible for its contents, sometimes in periods of discouragement we have wondered whether or not our efforts to place instructive literature into the hands of the people of this State was worthwhile or not. Almost every time when we are disposed to become most discouraged, a letter or postal card will come in the morning's mail which seems to change the outlook almost instantly.

Not long ago the Editor received

such a communication. This was a postal card coming from one of the best towns in the State. The writer is a highly educated woman who has every facility at hand to aid her in rearing her baby. She not only has a competent family physician to advise her, but the baby is under the supervision of one of the State's most competent pediatricians. Here is what this lady says:

"Although my three months old daughter is under the care of one of North Carolina's finest baby specialists, I can truly say your literature helped me in a million and one ways to understand my first child better. The little things seem to count more in taking care of children than just formulas. I've found—in other words—'How to give' is as important as 'What to give'."

This woman expressed in a few words the idea which has been back of our whole efforts for nearly twenty years in conducting the educational service of this Board, especially the Maternal and Child Health Division. We have had in mind all through the years the kind of assistance that this woman here voluntarily states has been so valuable to her. We have emphasized, to use her language, a million and one times that our service does not take the place of physicians. It is not so intended. We have tried, however, to emphasize that our service supplements the work of the doctor, even the specialist. It does this by going into innumerable little details that the intelligent mother finds so necessary to know, and it is impossible for the physician to sit down and explain to the mother. Even if he had the time to do it and could remember it all at one time, the mother could not possibly retain every detail. The information that we print and supply to mothers to help them with their babies and to expectant mothers has been put into compact form after be-

ing studied and suggested by some of the ablest physicians and specialists in the country. We have revised time and again this material to suit our own needs. We have done this based on a third of a century experience in the practice and study of medicine. Out of all this, we are today using a system of literature so devised as to help the mothers and babies and to be of immense service to the physicians in practice. The literature is indispensable, of course, to the mothers of babies who live far away from a physician or who are too poor to have the services of a competent physician at their command. Our only wish today in this connection is that more individual physicians could understand and appreciate what this service means to them in their private practice, if they only cared to take the trouble to utilize it.

* * * *

In July and August, representatives from the State Board of Health accepted invitations from the department of adult education carried on in this State under WPA auspices by Mrs. Elizabeth Morris and Mrs. J. M. Day. Mrs. Highsmith of our Department, and also Miss Thompson, participated in these district gatherings in several sections of the State.

We are mentioning this here in order to publish an item from Mrs. Highsmith's report, and no one in the State could be better qualified to appraise this work than Mrs. Highsmith. She says, after a visit to one of these district meetings, that "I found these WPA education teachers better informed and more interested in health education than regular school teachers. They invariably read the Health Bulletin and use it and other health literature in their schools and home-visiting work, many of them reporting fine pieces of health work

accomplished. They seemed eager for the health literature and use it to the best purpose."

She says further, "We found these teachers, the entire group, loaded with many specific health questions and problems which they wished to have discussed. We found them eager for information and suggestions and willing to cooperate in any way."

We have one purpose primarily in drawing attention to this comparison at this time. It may be stated in this way: These schools are conducted for illiterate adults; an effort is being made to teach them the rudiments of education. Many of them have reached middle-age and some of them are on beyond the period of life for them in which this information would be of most help. On the other hand, the regular teachers, as Mrs. Highsmith calls them, in the schools of the State from one end to the other who are busy the year around in teaching young children have the greatest opportunity in the world to impart to their small charges the fundamentals of health education, which will be a blessing to such children throughout their lives. If only the young teachers, now nearly all of them college graduates, could appreciate in time before it is too late the value of a fundamental knowledge and interest in health education the map of North Carolina could be entirely changed within the next half century.

* * * *

At this season of the year, we have a large number of requests, mostly from people living outside of North Carolina, as to where they may find locations free from hay fever. Naturally, there are very few, if any, places in this State totally free the year around from hay fever pollen, and therefore, we have to sadly inform them that they will have to travel around with the prevailing

winds in order to protect themselves from this troublesome infection.

We were, therefore, interested sometime ago in seeing a statement made by Mrs. Blanche Manor, who conducts a column in the News and Observer every Sunday, giving an entirely new remedy. We can only say that her remedy might be as good or better than some of the others, and the place she recommends would be just as safe. Following is Mrs. Manor's suggestion:

"A hay fever victim began attending Sunday school a year ago. He has had no hay fever since. This may be worthy of consideration among the large number of sufferers who have tried everything else."

(See elsewhere in this issue the article about efforts being made at Morehead City to eradicate ragweed.—Editor.)

* * * *

We are taking the liberty to quote an extract from Elsie Robinson's copyrighted column. This particular item was taken from the Raleigh Times. In this case, Mrs. Robinson is passing along a letter from some young person among her correspondents, but the observation made is right to the point and it corresponds to the fundamentals of the whole health education program. We quote the letter just as Elsie quotes it in her column:

"Young Elsie N. Olson speaking—and saying a husky mouthful.

'Health is not something which should be enjoyed by the privileged few—it should be within the reach of every citizen—and its study should be compulsory. Most of our school systems are sadly lacking in the most important course of all—human health. We should have thorough instructions in food chemistry, diet and exercise in all our schools, from the elementary grades right through college, and these should be as vital and necessary as the three "R's."

'Education in health should not be confined to youngsters only, but for their parents as well. The parents

are responsible for the nation's health, and they have slipped terribly."

* * * *

On Monday, July 25, the Editor of the Health Bulletin had the pleasure of attending a rather unique celebration. On that day the Harnett County Health Department nurses, under the direction of Miss Irene Lassiter, put on in the community building at Erwin a birthday party celebrating the first anniversary of the establishment of a cooperating Maternity and Infancy Center at that place. Once a month throughout the year a physician has been present with the nurses, and expectant mothers and babies under a year of age have been examined and advised as to their medical needs. The work has had the wholehearted support of the Erwin community. Mrs. Tillinghast, the community social worker, one of the grand nurses of North Carolina for the last twenty years or more, has done an immense amount of community work in that section. She has given her support to this enterprise, and with the organization of the Maternity and Infancy Centers throughout the State as a promotional activity of this Division of the State Board of Health, Mrs. Tillinghast graciously proffered her cooperation to Miss Lassiter, Miss Alston and to Dr. Hunter of the Harnett County Health Department.

The celebration consisted of a birthday party proper. It had the big candle on a properly prepared cake that was good to the last crumb, ice cream in abundance was served, and an artist friend of Miss Lassiter had prepared the decoration for the occasion, including napkins and paper plates. No speeches were made, but good-will was expressed by several people present. Between thirty and fifty women brought out their babies, and it was a well-behaved, interesting

and interested group of people.

Their efforts represented a combination of community effort cooperating with the County Health Department and the State Health Department, which is most commendable and which could be followed with a good deal of profit by many other county health departments in the State. Miss Lassiter is a particularly well qualified nurse, and having had some years' experience in

obstetrical nursing, she has been able to procure the cooperation of the people among whom she works in a very satisfactory manner. Dr. Hunter, the County Health Officer, has lent his aid and support to the work. The officials and the people of that county are supporting their Health Department in every way. The physicians are also sympathetic and cooperative. All of it tends to make an ideal county organization.

Nutritional Problems

By MARGARET M. THOMPSON, Nutritionist

HAVING been assigned to investigate and study the nutritional needs among the women and babies served in the Maternity and Infancy Centers in more than forty counties this summer, and to outline some recommendations to meet such needs as may be found, this article may be considered a result of these investigative studies.

Starting out in May and working until late August, I have visited a large number of Maternity and Infancy Centers and talked to the mothers about their own diet and the food given to their children. I have also talked to the nurses and the local health officers, and I have thus tried to visualize the possibilities of a good workable nutrition program in connection with this feature of public health service.

I feel that the most valuable part of my investigation and work so far has been the information which I have obtained concerning the actual conditions which are present in the everyday life of the people served by these Centers. I found that the health department nurses all wail, and rightly, "What is the use of telling them what to eat when they do not have it and cannot get it, and if they did have it or could get it, they would probably

not know how to prepare it or have the facilities for preparing the food as it should be?" This is a pessimistic attitude which the nurses should be encouraged to abandon. I believe more of them could manage to get the right foods if we could get them to want the right foods badly enough. I think the best way to create that desire would be through demonstrations, such, for instance, as the home demonstration agents carry on throughout the year for the more well-to-do class of women. That plan would require intelligent cooperation on the part of these, who have been called underprivileged mothers. They would have to study the feeding problem and the nutritional deficiencies in their own individual families, but no study could be more important to them.

It is going to take a long time to accomplish very much. I feel that one of the biggest needs is for an increase in the number of local nutritionists in the various counties or health districts. This would include some nutritionists trained in health practices who would be first authorities on public health, but it would also include more home agents in the counties and more economic teachers on a practical basis in the public schools.

The effect of emphasis on the subject by someone in authority right on the ground all the time is seen in a few counties where I have been this summer.

I would like to mention the work of the Home Agent in Cumberland County. That official has emphasized gardens and canning for many years, and she has worked in close harmony with the Health Department, and both of them have stressed the point made in the editorial columns in the Health Bulletin for many years that tomato juice for the babies of Cumberland County should be provided from tomatoes grown in that county. The results I saw this summer in that county is gardens everywhere, and in each a long row of tomatoes for tomato juice. Under the direction of the Home Agent, this tomato juice may be prepared in the homes and stored for the winter use of the babies in the family. It is just as good as Florida oranges for bottle-fed babies, and the Health Department has so emphasized in that county. I realize that this has been stressed by the Editor of the Health Bulletin for more than twenty years, and also that it has been a policy of the Home Extension Service of the North Carolina State College for an equal length of time.

We need more simple literature, too. These poor ignorant colored women, particularly, cannot understand the long words and sentences in most of the available literature on nutritional subjects. To many of these women the publications are meaningless, because they are outside of the people's experience, and they do not know what the writer means. It is a huge job. It is going to take a great deal of vision, careful planning and patience. The subject of nutrition is vastly important, but I am aware that only long, in-

tensive work will bring results, and then they will never be spectacular except possibly in such conditions as the prevention of pellagra and similar nutritional disorders.

In conclusion I should like to present the following summary, which need not be further explained:

I.—The Need:

A. A long-time nutrition program on a basis of sound common sense, and reduced to the simplest terms to meet conditions as they actually exist in the counties to be worked in; e. g., no sense in talking of "canning budgets for babies" to women who do not can and who likely never heard of a budget.

II.—The Problems:

- A. Ignorance and indifference (can be met by an intensive educational program).
- B. Poverty, resulting in few cows and chickens, little milk and few eggs, not much knowledge of food preparation and care, lack of transportation to get people together in groups.
- C. Diseases with nutritional factor.
 1. Pellagra.
 2. Rickets.
 3. Anemia.
 4. Dental caries.
- D. Lack of sanitation as it affects the food.

III.—How the Problems Can Be Met:

- A. Intensive educational program by means of
 1. Literature.
 2. Posters.
 3. Campaigns.
 4. Demonstrations.
- B. "Pressure" on landlords when human appeals fail.
- C. Demonstrations, individual, clinic, or county (all of these with the cooperation of local boards of health, extension service, welfare agencies, teachers, landowners, newspapers, etc.)

IV.—Recommended Procedures:

- A. Demonstrations in various counties, of
 - 1. Gardens.
 - 2. Canning.
 - 3. Food preparation.

- 4. Special problems affecting nutrition.
- B. Educational campaign.
 - 1. Milk.
 - 2. Gardens and canning.
 - 3. Sanitation.

How Can Boys and Girls Be Informed Regarding Syphilis?

By ROY NORTON, M. D.

RECENT publicity and widespread interest in syphilis has served to bring to our notice the general lack of health teaching available to our boys and girls. School children now get dependable information on syphilis only after they have already had their minds confused by a great deal of misinformation and smut, as a rule.

Free literature on all infectious diseases common in North Carolina is available to all parents and teachers, boys and girls from the State Board of Health or your local Health Department. Teachers and parents can use the occasion of an outbreak of disease in the community when spontaneous interest is high to discuss with boys and girls such diseases as measles, whooping cough, pneumonia, influenza, common cold, scarlet fever, chickenpox or diphtheria. When there is a nearby case of typhoid, hookworm, malaria, pellagra, appendicitis or tuberculosis, these should be discussed. The symptoms, incubation period, course of the disease and complications are of interest and methods of control should be stressed, especially if there is a specific method of prevention or cure available. Those not dealing directly with these problems daily tend to forget many details, but the teacher can use the occasion of "brushing up" to also obtain any recently acquired facts

on the particular disease to be discussed.

After such a teaching program has gone on for a few years, there is no reason why these better informed teachers could not also discuss such serious infectious diseases as syphilis and gonorrhea, in the same manner. Taking up such diseases, however, by an unprepared teacher and with a group of pupils who have not been properly informed previously about diseases that disable and kill boys and girls all about them, gives the wrong perspective. And it is observed that there is about as nearly complete ignorance on these other common communicable diseases as is true in the case of syphilis and gonorrhea. Since the application of control methods requires information and intelligent cooperation of parents and patients with doctors and nurses, such a general health education program is of vital importance if we are to make the progress in disease control now possible. It goes without saying that all the best materials and methods available should be made use of in our health teaching programs. If leading educators really mean the statement that the primary purpose of the public school is to promote health—physical, mental, spiritual—we will see much greater emphasis on health education programs in our schools of the future.

BIRTH AND INFANT DEATH RATES: 1937 by Cities in North Carolina

CITY	Place of Birth		Place of Residence		Deaths Under 1 Year of Age			
	Live Births		Live Births		Place of Death		Place of Residence	
	No.	*Rate	No.	*Rate	No.	\$Rate	No.	\$Rate
Asheville.....	1,019	18.3	810	14.6	76	74.6	54	66.7
Charlotte.....	2,005	20.9	1,612	16.8	183	91.3	124	76.9
Concord.....	253	20.2	272	21.8	12	47.4	16	58.8
Durham.....	1,332	19.6	990	14.5	139	104.4	77	77.8
Elizabeth City.....	187	18.0	174	16.7	16	85.6	16	92.0
Fayetteville.....	417	28.2	323	21.8	63	151.1	29	89.8
Gastonia.....	471	25.2	427	22.8	39	82.8	34	79.6
Goldsboro.....	363	22.1	338	20.6	57	157.0	47	139.0
Greensboro.....	1,145	18.3	905	14.5	48	41.9	38	42.0
High Point.....	771	17.0	753	16.7	42	54.5	39	51.8
Kinston.....	488	41.0	291	24.4	57	116.8	24	82.5
New Bern.....	256	21.4	229	19.1	27	105.5	25	109.2
Raleigh.....	883	21.4	730	17.7	105	118.9	69	94.5
Rocky Mount.....	528	21.4	414	16.8	53	100.4	29	70.0
Salisbury.....	386	21.2	310	17.0	15	38.9	12	38.7
Shelby.....	277	20.4	254	18.7	17	61.4	12	47.2
Statesville.....	270	23.7	201	17.6	19	70.4	13	64.7
Thomasville.....	228	19.5	229	19.6	17	74.6	16	69.9
Wilmington.....	970	30.1	680	21.1	82	84.5	44	64.7
Wilson.....	471	34.9	331	24.5	57	121.0	44	132.9
Winston-Salem.....	1,808	21.7	1,513	18.2	147	81.3	135	89.2

*-Per 1,000 population.

§-Per 1,000 live births.

Is Yours a Healthful School Building?

By ROY NORTON, M. D.

IN these days of compulsory school attendance, crowding in school buses and large concentrations of school children, we need special health safeguards to avoid the spread of infectious diseases. We need new and additional health precautions to cope with new health hazards that come with the provision of broader and better public education opportunities in our State.

Superintendents, principals, teachers, janitors, school and health boards, health departments and even the pupils themselves are expected to cooperate and take an active interest in the provision and maintenance of health standards of schools. Even with so many interested groups we still find the simplest and most essential school health needs neglected in too many schools. Possibly there is too much division of authority and scattering of responsibility. Ask some questions and make a personal visit

to get your answers regarding the health facilities of your own school. Besides the items listed below you may be interested in whether there is first-aid equipment (refer to the March, 1938, Health Bulletin) and a trained "first-aid"er" in charge, adequate arrangements for medical and nursing supervision, and a room where teachers may relax (without smoking) when off duty during recesses. In our modern consolidated schools the work of the janitor is more important than the usual training qualifications and salary scale would seem to indicate. A higher type of janitorial service is needed, and we must be willing to pay more for the better service. Tax-paying parents should resent the false economy with regard to janitorial supplies such as toilet paper, soap and individual towels. Adequate every-day and every-hour maintenance is as important as the installation of proper

original equipment in the healthful school building.

In a healthful school building the following minimum essentials are provided and properly maintained:

1. A safe and adequate water supply.
2. Sanitary toilets and toilet paper.
3. Sanitary drinking facilities.

4. Lavatories, soap and individual towels.
5. School lunch facilities.
6. Proper lighting and seating.
7. Adjustable heat, humidity and ventilation.
8. Individual places for hats and wraps.
9. Provision and supervision of adequate play space and equipment.

More Intelligence Needed as to What to Eat

Many Illnesses Due to Improper Use of Foods

By MRS. J. HENRY HIGHSMITH

THE automobile has been used many times to illustrate some pertinent truth about the human body. Again we make use of it, this time to call attention to the fact that by the same methods by which many lives are being saved—through a more intelligent use of the automobile—the same results could be achieved with respect to the human machine. As long as nothing more was required of automobile drivers but to learn "to turn on the gas, start the engine with clutch in neutral, and release the brake," just so long we had horrible accidents and mounting death lists. But since training schools for drivers have been instituted in many of the more progressive States, North Carolina being one of these (thanks to the WPA for starting the movement), there is beginning to show a decided decline in the total number of serious automobile accidents and deaths. In addition to the saving of lives, this program prolongs the use of cars and increases the profit and pleasure to be had from them.

Intelligent use makes the difference. Intelligent treatment and foresight applied to the human machine, the stomach and digestive system, would likewise save lives, as well as much unnecessary wear and tear on the

machinery, and many premature breakdowns due to abuses and wrong treatment of the stomach. Particularly is this true in regard to food. The time was when we knew little about the chemistry and nutritional properties of food, but today we not only have this knowledge, but have it in simple and understandable terms, which even beginners may use to order their lives more successfully, with health and efficiency theirs in the end.

That 30 per cent or more of all American school children are estimated to be undernourished is evidence of the widespread ignorance and carelessness concerning the preparation and use of foods. That Duke Hospital finds four out of five of its charity patients suffering from nutritional defects or digestive diseases, is another evidence of the great general need of more and more education regarding food and its relation to health.

This truth is further impressed on us by public health nurses, case workers and teachers in the adult educational program of the State, who go directly into the homes of the sick and the indigent and see for themselves the part that ignorance of food purposes are playing in the restricted lives of the people. It is no wonder

to them, they say, that the little ones are pale, anemic and underweight, and the older ones are rheumatic and constantly ailing from some sort of stomach trouble. That they have maintained existence at all on their accustomed diet is a marvel to them.

Meeting the Problem

That the problem is an educational one and must be met by all the educational agencies of the State and community must be fully recognized. The field heretofore has been left mainly to the efforts of the home demonstration agents, the State Board of Health and a limited number of home economics teachers in the schools. The area is too large and the problem too deepseated and complicated to be met by these existing

agencies. Such an educational task can be met only through a coordinated plan in which the various official and non-official agencies of the community may and do participate. Supplementing the work of the State Health Department, the Home Demonstration Agents, and the schools must be a more intensified general program including the press, radio, public talks, demonstrations, exhibits at fairs and conventions, study classes and nutritional surveys. Such a program necessarily must be developed slowly and on a long-time basis, as the dietary habits of a people are slow to change. But no longer should child-life be wasted and adult usefulness be cut off on account of discrepancies in diet due to ignorance and indifference.

Our Water Supply

By D. S. ABELL, Engineer State Board of Health

WE are very prone to lose sight of the actual value and the necessity as well as the importance of things which we use every day, things which we depend upon for our very existence and well-being.

All through the ages there has been the struggle for water. Individuals and corporations, as well as cities and states, have contended for water supplies and water rights. More than any one substance the human body is dependent upon water. We can live for days without food, but only hours without water. The human body is largely composed of water, even the bones and teeth have a surprisingly high percentage of water contained in them. Thus we must have water and we must have an adequate supply of it. Furthermore, this water must be of satisfactory quality physically, chemically and bacteriologically.

It is often said that a civilization is known by the volume of water which

it uses. In many backward areas there are no public water supplies and water which is difficult to obtain is sold from containers such as skins, and even this water is of doubtful quality. We are told that missionaries and travelers in the Orient make it a rule that they drink no water unless some white person has actually seen it boiled.

What a contrast to the vast quantities of clear sparkling water obtainable from the public water supplies of American cities. How is this achieved? I wonder if we cannot say that it is the will of a more enlightened people worked out in tangible form with the combination of funds and engineering skill. Do we really appreciate the importance to us of being able to go to the water-tap and use any quantity of water for any purpose whatsoever with the assurance that every drop of this water is safe to drink?

I am sure that you will agree with me that *the* one thing that makes our American cities possible, is not the paved streets, although they are essential; is not electric power, although we would not live without it; but it is the public water supply and its necessary accessory, the sewerage system. A public water supply is of very little value without a means of carrying away and disposing of the used water—that is all a sewerage system is.

What comprises an adequate and satisfactory public water supply? In the first place, there must be plenty of water for all uses. In fact, the amount of water available should be such that during every minute of the entire year water under pressure in satisfactory volume will be obtainable in all parts of the distribution system. In order to assure this, there must not only be an adequate reserve of raw water available to the water purification plant, but the water purification plant itself must be capable of producing and delivering the maximum amount of water which could possibly be required by the city.

Perhaps the most vital part of a municipal water department is the personnel that operates the system and the plant that processes and delivers the water. We must have adequate structures, we must have adequate plants and facilities, but if I were given the choice between an unusually high-grade plant with a poor operator as compared with a poor plant and a high-grade operator, I would certainly take the latter every time. I have much more faith in the water produced where a well-trained expert man has charge of a poor water supply than I do where an unusually high investment has been made in the plant, and a short-sighted policy has been used in employing personnel. The City of Raleigh for years has been wise in retaining men in

charge of its water system and water purification plant who have understood water supply engineering and water treatment problems. Not all cities in the State have been as fortunate. In fact, Raleigh has had, and now has, the very situation I have been talking about, a poor plant with expert supervision.

With regard to the matter of supervision of the operation of water purification plants, it should be recognized that the property from the standpoint of fire protection, the welfare and health of the entire community are more dependent upon the training, skill, integrity and dependability of the man in charge of the operation of the water purification plant than upon any other one man in the entire city. Supposing, for comparison, that when a major fire broke out in a city the tanks were empty. Reserve water must be on hand at all times. The man in charge of the plant must do his duty. Supposing, now, we have a worse situation, let us assume that through some failure in the operation of the plant the operator in charge permits polluted water to get into the distribution system. This would jeopardize the health of everyone drinking the water. Such a thing must not happen, and for this we are dependent upon the operator in charge of each water purification plant. We must not only depend upon his knowledge, training and experience, but upon his ability to produce the water necessary. This man should be a technically trained engineer or chemist. He should have special training with reference to water treatment and water supplies. He should have sufficient experience to make him competent for this important work. We agree that this is necessary, but what is to prevent a municipal board from employing someone who is not competent? What is to relieve them of the political pressures sometimes ex-

erted to employ someone just because he needs a job, or because he is a friend or relative of someone with political influence?

You would not think of going to a lawyer who has not passed his bar examination, you would not think of going to a dentist or physician who does not have his license to practice, you cannot employ a plumber or a man in charge of a stationary engine, or a marine engine without license to do this work, and yet malpractice in any of the above can influence but comparatively few people, while malpractice in running a water purification plant can effect the health of thousands. Certainly, the general public has the right to be protected in having men in charge of water purification plants who must have a license in order to operate them.

There was introduced in the 1937 Legislature a bill providing for licensing of water purification plant operators. This bill, although it was in line with recognized practice and proced-

ures in other States where such licensing has been successful, was not thoroughly understood by some people who chose to fight it. It is believed that a full understanding and appreciation of the important factors involved will lead some future Legislature, and we hope the next one to enact such a law. Certainly, the public has the right to assurance that men who run water purification plants know their business.

We are proud of the men running the water purification plants in North Carolina. We have more technical men in charge of water purification plants in this State than there are in many other States of greater population. The State Board of Health has continuously taken the position that technical men, with adequate training and experience, should have charge of the water plants in the State. These men should not be subject to the vicissitudes of changing politics. They should be employed for the quality of service which they render.

Morehead City Working to Eradicate Ragweed

SOME of the physicians of Morehead City, working with the Rotary Club, the Twin City Times, and the Junior Chamber of Commerce of that place, are endeavoring to destroy every vestige of ragweed in the Morehead City and Beaufort territory. If they succeed, it will mean sufferers from hay fever caused by ragweed pollen will find a haven during the months of August and September, when infection from this source everywhere causes a great deal of suffering. They claim that about three-fourths of the area is already free from ragweed. Of course, the half of the area which the Atlantic Ocean and channel covers, surely, is already free.

The problem they have is to eliminate all sources of the weed far

enough west to afford full protection when the winds in August and September blow strongly from that direction. Ragweed pollen on strong winds and in dry seasons at certain times may be carried quite a long distance. These people should have every encouragement from the whole State. Probably as many letters have come to the State Board of Health office during the last twenty years from all over the country inquiring of the possibility of a place free from hay fever than on any other subject. Certainly, this has been the source of more out-of-State inquiries than anything else.

There are two or three places in the mountains which with sufficient effort could be made reasonably free from the weed, but such has not been

done, so far. There is a point near Waynesville and another area in the vicinity of Blowing Rock which sufferers have reported to be partially free from the infection, but not totally so. A well-known manufacturer of Burlington, acting on our advice, five or six years ago, to try Nags Head during August, reported that he had found complete protection. The prevailing winds for that month, however, happened to be from the ocean side. All the resorts from Nags Head down to Southport afford freedom so long as the winds are completely from the ocean. None of those places, however, have so far been free from the infection during the time the prevailing winds were from the land.

In connection with the above described efforts, the Beaufort News in a recent issue has an interesting editorial on the subject and also mentions the desirability of the Morehead-Beaufort area Gulf Stream climate. We are herewith quoting the editorial:

"Morehead City's Rotary Club, with the able support of the Twin City Times and the Junior Chamber of Commerce, are making favorable strides in telling the world that this section, especially the vicinity of Morehead City, is a fine place for hay fever sufferers to get relief. Ragweed is one of the principal causes of hay fever. In the Morehead City area there is practically no ragweed a visitor from out-of-town discovers. An elimination campaign for any ragweed that remains has been started by the Rotary Club. The Morehead City newspaper is boosting the campaign, and on Tuesday night the Junior Chamber of Commerce joined the fight to eliminate the weed, and on top of that tell the world that a person who is a victim of hay fever can gain relief by coming to this section.

"The coast of Carteret has long been known as a splendid health resort, as well as a resort of many recreations. Many persons who have suffered from ailments elsewhere have come here to regain their health.

Many of these persons were not suffering from hay fever, but other ailments. The climate here has a tendency to make sick persons well. And in telling the world about the scarcity of ragweed it would also be well to tell the world about our famous healthful Gulf Stream climate."

NOTE: The Editor would like to add one note of warning for our Carteret friends, and that is, their coastal resorts are about as well developed as they may be with safety until they organize a county-wide health department. Luck has been with them so far, but—complaints of housefly breeding at one popular resort the past summer have been numerous, etc.

Beauticians Adopt Health Measure

Beauticians going before the State Board of Cosmetic Arts Examiners this month for a license to work must present certificates showing that they have taken the Wassermann blood test and have no venereal disease in the infectious stage. This is according to the ruling made at a recent conference of representatives of the North Carolina State Board of Cosmetic Arts Examiners and officials of the State Board of Health, which organizations under the law must approve rules affecting the sanitation and health of beauty shops, as well as of the workers themselves.

Another ruling was that all workers seeking to have their licenses renewed on June 30, 1939, must also present a negative Wassermann test. With both of these rulings put into effect by July 1, 1939, the public will not only be assured of this protection, but approximately 5,000 young women at work in beauty shops in this State will have this means of protecting themselves and their profession from any suspicion that otherwise might be laid at their door.

This progressive step and helpful attitude on the part of the cosmetologists of the State should commend them and their work to the general public.

Local Health Departments Now Serve Seventy-Six Counties

All except twenty-four counties in the State have made provision for public health services to be carried out during the fiscal year 1938-39. Six cities, including Winston-Salem, Charlotte, Greensboro, High Point, Rocky Mount and Asheville, have separate city departments. There are about 3,026,000 people served in the seventy-six counties with health departments. Since our State population is now about 3,500,000, this represents about 83.6 per cent of our people.

All those now without public health departments are among our smaller counties, except Iredell and Rockingham. The local physicians have been, for the most part, very cooperative in getting health services established and in working with clinics established for poor people. In a few counties the local doctors have obstructed the efforts of interested citizens toward getting public health services. If your county is still on the delinquent list, which follows, see what can be done about it, so that all North Carolinians shall have the best possible public health protection.

Counties without health departments are: Alexander, Brunswick, Camden, Carteret, Caswell, Currituck, Gates, Henderson, Iredell, Jones, Lee, Lincoln, McDowell, Madison, Mitchell, Montgomery, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Rockingham, Scotland and Warren.

Diphtheria Immunization Made Compulsory in France

In connection with the recent statement of Dr. Carl V. Reynolds, State Health Officer, that immunization against smallpox, diphtheria and typhoid should be made a legal requirement for matriculation in any of the public schools of the State, it is in-

teresting to know that the French Legislature has recently made diphtheria immunization compulsory on a nation-wide scale. The French law, which was promulgated by the President and adopted by the Senate and Chamber of Deputies, makes compulsory the immunization with toxoid of all children during the second or third year of life, before the age of greatest susceptibility and mortality is reached, and at the age of minimum reaction. Parents or guardians are made personally responsible for carrying out the law, proof of which is to be furnished on the admission of the child to any school, nursery, vacation group or other assembly of children.

The new law requires also that during the first year's application all children attending school under fourteen years of age, who have not already been vaccinated against diphtheria, shall be vaccinated. The measure, which was enacted June 25, 1938, went into effect immediately.

As Dr. Reynolds pointed out, such a law in North Carolina would save from 2,000 to 4,000 cases of diphtheria every year and a large number of tragic deaths.

Dr. Norton Leaves Board of Health

Dr. Roy Norton has resigned his position as Assistant Director of the Division of Preventive Medicine of the State Board of Health, to accept a full professorship in the School of Public Health Administration of the University of North Carolina at Chapel Hill. Dr. Norton has been with the above mentioned Division for about fifteen months, succeeding Dr. Thomas C. Worth.

The Director of the Division has thus had the good fortune to be associated with these two able and well-trained physicians during these two years of high-pressure work.

We wish for Dr. Norton every success in his new work.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD of HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published month'y at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

NOVEMBER, 1938

No. 11



Edgecombe County's New Tuberculosis Hospital, Tarboro, N. C.

Edgecombe County citizens have for years seen the importance of isolation of its tuberculosis cases. The county has operated such an institution since 1923. The new hospital was opened in December 1937; has thirty-three beds, equipped with fluoroscope, X-Ray, pneumothorax and other modern facilities. The building is of brick structure, built with the assistance of the PWA. Total cost of building and equipment was approximately \$64,000.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoids and Tonsils	German Measles	Scarlet Fever
Appendicitis	Health Education	Smallpox
Cancer	Hookworm Disease	Teeth
Constipation	Infantile Paralysis	Tuberculosis
Chickenpox	Influenza	Tuberculosis Placards
Diabetes	Malaria	Typhoid Fever
Diphtheria	Measles	Typhoid Placards
Don't Spit Placards	Pellagra	Venereal Diseases
Eyes	Residential Sewage	Vitamins
Flies	Disposal Plants	Water Supplies
Fly Placards	Sanitary Privies	Whooping Cough

SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives.
Infant Care. The Prevention of Infantile Diarrhea.	
Table of Heights and Weights	

CONTENTS

Notes and Comment.....	Page 3
A Student Meets Tuberculosis in All Its Stark Tragedy.....	Page 6
Tuberculosis: Importance of Early Diagnosis and Treatment.....	Page 8
Tuberculosis Control Facilities in North Carolina.....	Page 10
The Social Aspect of Tuberculosis in the Negro.....	Page 12
Book Review—"The Complete Pediatrician," by Dr. W. C. Davison.....	Page 13
School Health Examinations.....	Page 18
Tuberculosis and Heredity.....	Page 14
Anti-Tuberculosis Program in Schools.....	Page 15
The 1938 Tuberculosis Christmas Seal.....	Page 15
Deaths From Tuberculosis of the Respiratory System—By County and Race: 1937.....	Page 16

THE Health Bulletin



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Notes and Comment

By THE EDITOR

AGAIN this year we are presenting to our readers on the outside back cover of the Health Bulletin a list showing the total number of deaths from tuberculosis, all forms, for the year 1937 and an itemized list by counties according to place of death, and also by place of usual residence and by race the number of deaths from tuberculosis of the respiratory system. It will be noted with satisfaction that there was a material reduction in 1937 from the number of deaths occurring in 1936. This table has been published every year in November for a great many years. Libraries and individuals who keep a file of the Health Bulletin for each year can by referring to this table as published annually see at a glance the progress which has been made toward the eventual elimination of tuberculosis in North Carolina.

It is a source of satisfaction that during the past twenty years the rate has been cut about one-half. At the same time, tuberculosis is regarded as a preventable disease and in an ideal society would be eliminated entirely.

There are some very encouraging features in the work against tuberculosis to record this year, notably, in the extension of the plan of building county sanatoria. This year Wake County has completed the construction of a preventorium which accommodates forty children and a twenty-four-bed hospital for adults, the latter to care for the county indigent

patients. Buildings are located on the grounds of the County Home in Raleigh. This construction was made possible by the Works Progress Administration. Since the sanatorium, with its twenty-four beds, has been opened early in August, it has already admitted more than fifty patients, some for temporary treatment and some for more prolonged care. This sanatorium in Wake County is open only to indigent patients.

In addition to caring for the regular patients in this hospital, a clinic is held twice a week for the examination of children and adults. Both of these institutions are modern in every respect, containing first-class equipment and designed in every way to give the patient the best of modern treatment, including a maximum of sunshine and fresh air. There are four wards in this hospital, which are housed in the two wings of the building. Two of these are for white patients and two for colored. Segregation as to color and sex is of course maintained at all times. Six patients are housed in each of the Women's wards, five patients in each of the men's wards, leaving a private room for seriously sick patients.

The Wake County Health Officer, Dr. A. C. Bulla, is in general charge of the institution. Clinicians are recruited from the active medical profession of Raleigh.

On the front cover we carry this month a photograph of the new Edgecombe County Tuberculosis Hospital.

As will be noted by looking at the excellent photograph, it is a completely modern institution. It has the best equipment available and has provision for thirty-three patients. Under the general direction of Dr. L. L. Parks, County Health Officer, assisted by the experienced and competent physicians in Tarboro, the patients in this institution receive the very best of treatment available. They conduct there once each month a diagnostic clinic for indigent cases.

The institution is serving many useful purposes, not only for isolation of advanced cases of tuberculosis, but in the active treatment of the patients admitted to its care. It is proving to be one of the most useful additions in making early diagnosis of tuberculosis. Dr. Parks modestly states that the institution simply supplements the assistance that they get from the State Sanatorium, as it is necessary for the county also to maintain some patients at the State Sanatorium.

There may have been other county institutions opened during this current year which have escaped our notice, but these two are the most recent examples of building during the past year.

The Public Works Administration of the Federal Government aided materially in the erection of the Edgecombe County Hospital just as it has in the Wake County institution. It is understood that recent moves have been made in Wilson County for the establishment of a modern county institution there. These activities are encouraging, although it is hoped that in the lives of the present generation of school children that all of these institutions may be no longer needed for the treatment of tuberculosis and thus may be used for some other purposes, for diseases which cannot be prevented. But it will be many years at best before such a de-

sirable stage may be reached. The people and the officials responsible for the erection of these institutions should receive the commendation of all progressive-minded people everywhere.

* * * *

From the pages of the September issue of the "Sanatorium Sun" we take pleasure in quoting a statement made by Mr. Roy Parker, one of the State's best known newspapermen, who is making a valiant comeback from a serious attack of tuberculosis which first occurred about four years ago. Mr. Parker and his associates conduct a series of papers in the northeastern section of the State, which are among the best supporters of public health work in northeastern North Carolina. They have rendered able service in the promotion and organization of health department work, and we are gratified to know that Mr. Parker is able to see some of the products of his own work for the public in his section at the present time.

Please read the item which follows from the "Sanatorium Sun":

"Roy Parker, who writes a weekly column of political and personal comments for the "Gates County Index," is a former patient of the North Carolina Sanatorium. In referring to his illness with tuberculosis, his subsequent second breakdown and his recent thoracoplasty operation, from which he has recovered, he stated in the issue of July 20:

"I cracked up and went down, physically, four years ago. They tell me it was by the grace of a kind Providence that I pulled through. Back to life I bounced; scarred, yes, but here was I again, repaired and prepared for resumption of an ordinary life—just like you and you. . . . Crack! I went down again. You who read this stuff are familiar with all the little details of the last two years and four months of it.

"Whatever tussle, or tussles, I've had to stay on the topside for the last four years have been won for me,

not by me. I credit myself with no heroics; the saving power is lodged elsewhere. . . . At last, however, here am I—one hundred and sixty-eight pounds of me, thirty more than pre-bed days—scarred but living in enjoyment of countless blessings that would not have been mine but for going through the period of getting the scars and healing them. I do not glow over the fact and the conditions, to be sure; I would not have ordered them the way they came, but I have and do enjoy life."

* * * *

Again from the "Sanatorium Sun" we are quoting the article below by Miss Annie James, entitled "Are You Mentally Lazy"? As will be noted from reading her comment, she is making the point of how valuable and desirable it is for sick people to utilize their time in reading, and certainly this not only applies to tuberculosis but to illness from any other cause, especially chronic illness.

As a boy we recall an old man who suffered a great deal with his teeth. He would sit in the corner suffering from toothache, smoking his pipe and reading some of the heaviest literature in the house. Upon being asked on one occasion how he managed to concentrate his mind and to read while suffering from the agonies of toothache, his reply was such as to make a lifelong impression on the boy who asked the question. He said that he could concentrate his mind on his reading and that divided time with the toothache, that he could be getting some useful information while the mental activity caused some cessation of the pain. Therefore, he was helping to relieve himself of suffering and improving his mind at the same time.

We could not advise that as a remedy for toothache in preference to the attention of a good dentist both as prevention and as cure, but we could commend his philosophy of life, not only to sick people, but to well

people alike. All of us lose a great deal of time which we fritter away. Some of us realize it toward the end of life and some of us never do.

Some of the best literature of the world has been written by people who were suffering physical agonies, from tuberculosis and other conditions. We always stop and remove our hats for a moment's silent meditation whenever we travel the road from Rutherfordton to Tryon. Just outside of Tryon at a point on the road there is a more or less dilapidated sign stating that Sidney Lanier died at that place. Sidney Lanier, it will be remembered, died at an early age from tuberculosis, but not before he had written some of the world's greatest poetry, was a somewhat successful lawyer, a general writer as well as a famous teacher. He overcame tuberculosis and poverty to gain fame in a very brief lifetime and made a name for himself that will shine as long as the best in literature lasts.

Now, please read Miss James' little article from the "Sanatorium Sun," entitled, as above stated, "Are You Mentally Lazy":

"Have you become mentally lazy while taking the cure? A writer of sanatorium life once said that after six months in a san all one talked about was 'symptoms, temperature and petty flirtations,' and that after a year's sojourn that is all one is able to talk about.

"Time spent on the cure, either at home or in the san, affords the patient a wonderful opportunity for meditation and study. The patient who lets this valuable time slip by without using a portion of it for self-improvement will later regret this squandered time.

"Another famous T. B., or in our parlance, 'pillow pusher,' remarked that anything that can be learned in books can be learned as one lies resting in bed—with the amount and intensity of study regulated by the doctor.

"It is up to you whether you uti-

lize the time spent on the cure to your advantage. It is up to you whether you come out of the san with wider interests and a broadened liberal education, or whether you let your mental faculties go stale

and dry-rot from non-use. Do not be content to spend your time in idle gossip about symptoms, streaking, temperature, and so forth, until you cannot talk of other things."

A Student Meets Tuberculosis in All Its Stark Tragedy

CHAPTER I

THE college referred to and the characters mentioned in this story may as well be nameless. It is sufficient to say that the story is true in every detail, and that the father who related it is deeply concerned and anxious about his boy.

Last fall at the beginning of the 1937 scholastic year two well-prepared young North Carolina students met for the first time as roommates in a dormitory of one of the State's greatest educational institutions. The youngest of the boys was not quite eighteen years of age, the son of a physician. The other was a bit past twenty-one and the son of a widow. Both boys had had excellent preparation and were good students. They became fast friends, and although pursuing different courses spent much time in their room together. The physician father was very solicitous about the health and character of his son's dormitory mate, especially as his boy being much younger might be more susceptible to the influence of the older boy. There was no trouble in establishing the excellent character of the older boy. So, what about his health? Every freshman has to submit to a rigid medical examination by the college physicians. Both boys were given clean bills entirely. The physician knew there was no question about his own son. He wanted to be sure about his mate. After a

few days the physician did see the other boy. He saw a well-developed young man with fine features, muscles, etc. But the boy had an eruption on a small area of his face which to the physician looked suspiciously like lupus vulgaris (a tubercular disease of the skin). The health record made no mention of this and the doctor was assured it was a simple erythema.

Just here it may be said the physician father made his mistake in not making a thorough investigation at the home of the student companion of his son. However, the boy's home was a hundred or so miles away and the physician being very busy and having absolute confidence in the college medical authorities, thought no more about it.

CHAPTER II

The college year was successfully completed by both boys and nothing more was said on the subject until the close of the session in June, when he discussed with his boy the boy's wishes for the next college year, as to rooming again in the dormitory or living in his fraternity house. He was pleased to learn that the boy was sensible enough to prefer another year in the democratic atmosphere of the dormitory, with its arrangements for hard study. The boy insisted on the same roommate.

Again, nothing more was said until August 1938, about a month before

the college opening, the doctor was informed by his son that he had learned that his roommate's girl had just died, and that the roommate himself was ill. Then after it was too late, too late, all the truth came out.

The young man had met and become engaged to the girl while both were patients in a large Piedmont County sanatorium for tuberculosis. The boy had remained in the institution two years and was discharged as an arrested case a few months before entering college, where he was assigned a room with a younger student by the college authorities with the supposedly full knowledge and approval of the college medical examiners.

CHAPTER III

The older boy did not return to college. Another roommate took the assignment. About a week after the 1938 fall session opened the younger boy called his father over long distance telephone and tearfully announced that he was going with some classmates to his roommate's funeral—another victim of tuberculosis.

So, in a hillside cemetery of a mid-State city, on a beautiful September afternoon, this fine and sensitive boy made his first direct contact with human tragedy. Time will erase part of that, but not all of it. He will encounter other tragedies common to humans, but for an eighteen year old boy some of the pain will remain.

For the physician father, he will never in his remaining years fail to be apprehensive about his own beloved boy so needlessly exposed to such great danger.

The irony for the physician lies in the fact that he has himself for a quarter-century labored valiantly to help eradicate the unreasoning fear and prejudice with which so many people look on their fellows who have tuberculosis. A few simple precau-

tions suffice—all violated in this case.

1. No arrested case of tuberculosis is seldom ever cured; but with careful living and sleeping in a room alone, and avoiding intimate personal association, no danger exists for them or their friends and associates.

2. No young person under twenty-five years of age should ever under any circumstances be allowed to sleep in the same room with a person who has or who has recently had tuberculosis in its active forms.

3. Direct personal contact in the close confinement of a college dormitory room with the necessary long hours of study by the same light should never under any circumstances be allowed.

CONCLUSIONS

It seems to the physician father that the examining physicians at the college were negligent in not ascertaining the true condition of this older boy, and so assigning him a single room, where he would not have exposed any other student. The father acknowledges his own failure in not making a full investigation of his son's roommate. But that is a hard thing to do from every standpoint and should not be necessary.

The warfare against tuberculosis can never be won and its grave menace removed as long as such things are allowed to happen.

The shock to the surviving student's emotions, which time can never fully heal, as well as the physical danger which will remain for years, is like a stab wound in the physician father's heart. Like all other fathers he looks on this boy of great promise as possibly becoming sometime the man he himself had hoped to be. Tuberculosis could end all these hopes as quickly as a cannon ball.

Finally, what about the fine young man who thus meets death while a youth. He ought never to have been

permitted to undertake a hard college course, with its rigid requirements so hard always on the health of even a normally healthy student. Had he followed the Sanatorium regime of fresh air living, relaxation, much rest daily in bed, etc., he might have succeeded in overcoming the affliction as so many have done, and living out a useful life. The faculties

of all of our colleges need to change their whole attitude toward the question of health and preventive medicine. Physical education, socalled, and fine gymnasium buildings, tennis courts and athletic grounds will never solve the problem. Fundamental conceptions must be changed if the lives of many of their students are not to be sacrificed as was this boy's.

Tuberculosis: Importance of Early Diagnosis and Treatment

By H. F. EASOM, M. D., Director, Division of Industrial Hygiene

WE can justly be proud of the satisfactory results of our efforts toward the control of tuberculosis. It is indeed encouraging to note that whereas the death rate in the United States from this disease was 202 per 100,000 population in 1900, it is now only 55 per 100,000. But when we stop to think that in North Carolina it now causes some 2,000 deaths annually and that it is still the chief cause of death among persons between the ages of twenty and thirty-nine, we realize that there remains much to be done before we reach the desired goal—eradication.

Further reduction in tuberculosis morbidity and mortality rates can be expected chiefly from more intensive case-finding programs and from the enlargement of facilities for treatment. It has often been stated that we have sufficient knowledge already to effectively control the disease. The difficulty lies in our inability to apply this knowledge. We know that tuberculosis is caused by a germ, the tubercle bacillus, and that it is spread by persons who have the disease, mainly through careless coughing and expectoration. The tubercle bacillus is not easily killed and may live for long periods, especially in places

where it is not exposed to direct sunlight. Each time a person who has active pulmonary tuberculosis coughs without covering his mouth he is probably spraying numbers of the germs into the air to be inhaled by persons near him or to settle on the furniture and floors, where they may be stirred up later in the dust and be inhaled by others. With this in mind, it is easy to see why tuberculosis often occurs in several members of the same family. In addition to the human spreader, there was formerly another important source of infection, namely, tuberculous cattle. However, with the tuberculin testing of dairy herds and the killing off of infected cows, this source has assumed minor importance.

Tuberculosis can be cured when discovered in an early stage and given proper treatment. Unfortunately, a tentatively small percentage of cases are diagnosed in this stage—as was shown in a survey by the American Medical Association of tuberculosis hospitals and sanatoria throughout the United States in 1933-1934. This survey indicated that only 13 per cent of patients admitted to these institutions with a diagnosis of tuberculosis had been diagnosed in the early or

minimal stage. This means that more than 80 per cent of the cases are discovered only after they have reached a moderately or far advanced stage, when their chances of recovery have been greatly diminished. In addition to the fact that early discovery means early recovery, it is important to find tuberculosis as early as possible, because in the early stage the patient is not usually throwing off germs, and in this way infecting those around him.

The tuberculin skin test, the fluoroscope, and the X-ray offer the best means of making an early diagnosis. It is, of course, not necessary to employ all of these in every case. The fluoroscope has now been perfected to the point that a physician trained in its use can diagnose most cases in adults without having to resort to the X-ray.

In the majority of cases there are no definite symptoms by which a person may suspect that he has tuberculosis until it has already progressed beyond the minimal stage. However, any of the following symptoms should be considered suspicious and should cause one to consult his doctor: Expectoration of a teaspoonful or more of blood at one time; tired, run-down feeling; loss of weight and strength; a cough lasting more than three weeks; pleurisy; temperature, normal in morning and elevated in afternoon; indigestion and loss of appetite. It is best, though, not to wait for symptoms. Every member of a family in which there is or has been a case of tuberculosis should have at least a fluoroscopic examination once a year. Children should have the tuberculin test, and those showing a positive reaction should be X-rayed. It is from this group of contacts that we may expect our new cases to develop, and, if they can be kept under

observation for periodic check-ups, many cases will be discovered before symptoms have developed and while the disease is curable. In addition to the examination of contacts, it has been found worthwhile to examine such groups as school children, college students, teachers and industrial groups.

The treatment of tuberculosis is mainly a matter of rest under medical supervision. In some cases bed rest alone is sufficient. In others it is necessary to keep one or both lungs partially collapsed by means of pneumothorax treatment until the lung has healed. This method of "splinting" the diseased lung, so to speak, is probably the greatest development in the treatment of tuberculosis in the past twenty-five years. Where it cannot be used, the paralysis of the diaphragm on one side by means of a phrenicectomy is often of value. After other methods have failed, it is necessary in some instances to resort to a thoracoplasty or rib operation to collapse the diseased lung.

Most patients get along better in a sanatorium where they are surrounded by others who are similarly afflicted and who are following the same routine and where they are under the constant observation of physicians trained in the treatment of tuberculosis. While in such an institution a patient becomes educated concerning his condition and learns how to take care of himself when he goes home in such a way as to avoid the likelihood of reactivating his tuberculosis.

SUMMARIZING

1. Tuberculosis can be cured if discovered early and given proper treatment.
2. Early cases quite often have no symptoms.

3. Any person who has had a case of tuberculosis in his family or has been closely associated with a case should have a thorough chest examination once a year, or more often if symptoms appear. Anyone having

suspicious symptoms should be examined immediately. Such an examination is within reach of everyone through either his private physician, the county health department, or one of the State sanatoria.

Tuberculosis Control Facilities in North Carolina

By DR. WILLIAM A. MCINTOSH

FROM 1913 to 1923 the State Board of Health of North Carolina was responsible for the State's tuberculosis program, including the institutional care of patients. Except for this period, State leadership has been vested essentially in the Board of Directors of the State Sanatoria. Local government authorities, however, share with the State the responsibility of instituting control measures.

ORGANIZATION

State Sanatoria—The North Carolina Sanatorium for the Treatment of Tuberculosis, situated at Sanatorium, was founded in 1907, and the Western North Carolina Sanatorium for the Treatment of Tuberculosis, located at Black Mountain, was dedicated in 1937. The common Board of Directors of these institutions consist of twelve members, appointed by the Governor and approved by the Senate. The Secretary-Treasurer of the State Board of Health is an ex-officio member. These Directors serve for six year terms and, in general, function as a board of control.

With respect to the operating staff, the Directors elect a Superintendent and he is placed in charge of both State Sanatoria. Subordinate employees are employed by the Super-

intendent, subject to the approval of the Directors. The average number of employees of the North Carolina Sanatorium is approximately 169 persons, namely: Administration, 4; Professional Care and Treatment, 61; Custodial Care, 68; Operation and Maintenance of Plant, 14; and Agriculture, 22. The first institution has 485 beds and its average census is 471 patients.

An Associate Superintendent and Medical Director is in charge of the Western North Carolina Sanatorium. This institution has 140 beds and an additional wing is being constructed, which, when completed, will double its capacity.

The Directors determine the qualifications for admission of patients to the State Sanatoria. Provision is made for the collection of a reasonable cost of the treatment from patients or persons upon whom patients are legally dependent, but patients are not excluded on account of inability to pay. The governing bodies of counties and municipalities are authorized to provide for the treatment of bona fide residents. Facilities at the Sanatorium are also provided for the confinement, care and treatment of convicts ill with tuberculosis.

The legislative appropriation recom-

mended for the fiscal year 1937-1938 was \$210,628.00 for the North Carolina Sanatorium, and, in addition to this sum, the anticipated receipts were estimated at \$85,000.00. For the same year, the State appropriation recommended for the Western North Carolina Sanatorium was \$72,605.00, and, in addition, anticipated receipts were estimated at \$27,375.00.

County or District Sanatoria.—Counties or groups of counties are empowered to establish and maintain tuberculosis hospitals. One procedure for taking this step in a county is as follows: The Board of County Commissioners by majority vote or upon petition of one-fourth of the freeholders orders an election to determine the will of the people with respect to bonding the county (not to exceed \$250,000.00) for the establishment of the sanatorium. For the maintenance of this institution the County Commissioners are authorized to levy a special annual tax (not to exceed 5 cents on \$100.00 property valuation and 15 cents on the poll), but the question of this levy is to be submitted to the voters. Furthermore, provision is made for a Board of Managers. The County Health Officer is a member ex-officio, and in addition there are five other Managers elected for a term of four years by the County Commissioners. The powers of this Board include: (1) Selection of officers, employees, etc.; (2) the formulation of rules and regulations for the admission and government of patients and for the general conduct of the hospital; and (3) the doing of all things incidental to carrying out the true interests of the law which provides for these hospitals, according to the authority vested in this body by the Board of County Commissioners. Patients admitted may be kept without charge or for such payment as may be just in each case.

The local tuberculosis hospitals which have been established in North Carolina include: (1) Mecklenburg County Sanatorium at Huntersville, beds 166; (2) Forsyth County Sanatorium at Winston-Salem, beds 134; (3) Guilford County Sanatorium at Jamestown, beds 128; (4) Wilmington Red Cross Sanatorium at Wilmington, beds 38; (5) Edgecombe County Sanatorium at Tarboro, beds 33; (6) Halifax County Sanatorium at Halifax, beds 24; (7) Wake County Tuberculosis Hospital at Raleigh (city and county), beds 24; (8) Wilkes County Tuberculosis Hut at North Wilkesboro, beds 14; and (9) Scott-Parker Sanatorium (Vance County) at Henderson, beds 14.

Approximately sixteen counties provide custodial care at county homes and to some extent Burr cottages may be used. When all facilities for hospitalization of tuberculosis patients are taken into consideration, it would appear that approximately 1,500 beds are available for white and 400 for colored patients; that is, about 1 bed per annual tuberculosis death.

Bureau of Tuberculosis.—The Directors of the State Sanatoria maintain a Bureau of Tuberculosis, the headquarters of which are at the North Carolina State Sanatorium. The average number of employees of the Bureau are seven and the Legislative appropriation recommended for its maintenance during the fiscal year 1937-1938 was \$20,146.00, and the receipts anticipated in addition to the sum was estimated at \$50.00.

Provision is made for the Bureau to operate a correspondence school in behalf of tuberculosis patients for the purpose of instructing them as to methods of cure and prevention. Furthermore, the Bureau issues a publication entitled, "Sanatorium Sun," and operates field tuberculosis clinics.

The Social Aspect of Tuberculosis in the Negro

By WALTER J. HUGHES, M. D., State Board of Health

SINCE the dawn of history, tuberculosis has been a problem. In all ages, among all people, and in every clime. Its solution is difficult, because it travels over all the roads of man's social and economic life. It is not altogether a medical problem. It becomes a public health problem when there is a maladjustment or an inability for man to adjust himself to the educational, social and economic status of the community. Hence, tuberculosis is a grave social problem and is influenced by environmental circumstances.

The prevalence of tuberculosis in the Negro is not due to any racial susceptibility, but to environmental conditions over which too often he has no control. The broad base of toiling Negro humanity are burdened to the utmost limit. The burdens of poverty which make it impossible for parents to provide themselves and their children with the bare necessities of life.

As a public health worker, my work carries me into many schools throughout the State. These schools, the teachers and the children attending them, have served me as a nucleus for diagnosing the public health problems of the community. Valuable information is gained concerning a community by interviewing students and teachers, also by physical inspection. The physical condition and personal appearance of the school population is an index to the economic and social status of the community. The visitations to these schools have brought me in contact with over 55,000 school children. The various services performed consisted in health education, physical inspection, blood testing and tuberculosis skin testing. This study has revealed many things; first, that

85 per cent of these children had physical defects; second, that malnutrition is universal and definitely so. There are other factors that cause defective nutrition, but a great deal that I have seen is due to insufficient food and unbalanced diet. Quite frequently I have had children to tell me they come to school without breakfast, or they had a breakfast composed of cold cabbage or some type of greens and this daily—morning, noon and night.

An adequate and well-balanced diet is important in laying the foundation for a healthy body. It is essential to normal growth. Undernourishment means malnutrition, and malnutrition is one of the roads on which the germ of tuberculosis travels. Germs in some respect are like armies. They both travel and camp. Armies carry on their work of destruction while on the march. Germs always attack whether marching or whether in camps. The germ of tuberculosis has been more deadly in the camps of overcrowded and bad housing than on the line of march. As the poor badly-fed, tuberculosis-ridden family moves out of an infected shack, another of the same type moves in, heir to the deadly germ, ready to take its toll. Little does the family know that the horses of death are camping there.

The prevention and control of tuberculosis is dependent upon the individual and the community. There must be cooperation of both, but knowledge is essential to cooperation. The individual must know that tuberculosis is a germ disease; that early diagnosis is the first line of attack; to follow medical advice is "The Road to Recovery."

The community must have knowl-

edge of all the highways and byways upon which this deadly, invisible army marches; also his camping grounds. Then, there must be individual and community cooperation with all the social forces that are engaged in the well-being of the human race; the Health Department, Welfare Department, Community Chest, and the Red Cross. Finally, the Negro must know the magnitude of the problem and have the indomitable will to do something about it.

Book Review

"THE COMPLEAT PEDIATRICIAN"

By W. C. DAVISON,

Professor of Pediatrics and Dean
Duke Medical School, Duke University
Press, Durham, N. C.—\$3.75.

The Duke University Press now has available the new and completely revised edition of Dr. Davison's grand work on practical, diagnostic, therapeutic and preventive pediatrics.

This is a book which can not possibly be praised too highly. This reviewer is not even an amateur at the business of reviewing books. He could not be a good reviewer, because he has a fatal weakness for seeing only the good in the printed word. But in this case he need not worry, because there is nothing in Dr. Davison's book to criticise.

Speaking from the standpoint of the general practitioner, his first wail on reading the book was why could he not have had at hand such a guide and helper in the years when he was on his own in the general practice of medicine. The chapters on "Drugs and Prescriptions," "Differential Diagnosis," "Skin Conditions and Contagious Diseases" and "Nutrition, Feeding and Diets" are invaluable to every man engaged in general practice.

For the health officer, the chapter on "Growth, Development and General Care of Children, Prematurity,

and the Reduction of Mortality," offers a great deal of very valuable information.

Finally, the book has many helpful suggestions for private duty and public health nurses in the reference to "General Treatment and Nursing." But the book is primarily for the physician in the general practice of medicine, and in the humble opinion of this reviewer no good competent physician can afford to be without it.

School Health Examinations

Dr. E. W. Furgurson, the efficient health officer of Martin County, recently sent out a letter to the teachers of the Martin County schools which is so good and so definitely to the point that we take pleasure in quoting from his letter. We feel sure that it will be helpful to any teacher and possibly to some other health officers in their school health work this winter. Dr. Furgurson based some of his statements on an excellent article recently published in the "American Medical Association Journal" and written by Gudakunst. We hope and believe that Dr. Furgurson will receive fine cooperation from the school teachers as well as parents and pupils in his work this fall and winter. The extracts from Dr. Furgurson's letter follow:

"In the following paragraphs we shall attempt to set forth the purpose and nature of the school health examinations. There are three objectives which we are striving to reach: (1) To stress the importance of periodic check-up, even in the absence of suggestion of disease; (2) To stimulate the children to more healthful living; and (3) To detect common and often overlooked defects which may seriously impair their health in the future. It is impossible to make a complete examination on each child, due to the limited time and facilities at our disposal.

"The purpose of carrying out physical examinations in school children is not to teach the children and their parents to turn to the school as the

source of all health guidance and counsel. This would be assuming a burden in the school far too great to carry. For the child's own happiness and health, physical defects must be discovered and corrected early. But, granting that periodic physical examinations are advisable and necessary, we must admit that the child's own physician, who is ready to carry out any corrective procedure which might be indicated, is the best source to secure such an examination.

"Some may ask why such an examination is not made obligatory? The answer is simply that people can neither be compelled to learn, nor can they be forced to lead a sound, healthy life. The program must be one of education.

"In the matter of health education in the schools, the teacher can and should play a leading role. It is urged that you not only teach health in the classrooms, but conduct an inspection each morning of your students. By this, we do not mean a medical examination, but simply an observation to see whether any of the students are sick.

"The school is no place for a sick child, and those who come to school with any kind of sickness merely reflect a family who has little or no conception of the proper care of the child and how to act best to protect the health of the public. These children should be taken home, the mother informed as to what she should have done in the way of calling in medical advice before sending a manifestly sick child to school, and she should be advised to call in her own physician for examination and treatment."

Tuberculosis and Heredity

"Tuberculosis runs in families." This undeniable fact has been the cause of widespread misunderstanding. For centuries, before conclusive evidence was presented that the disease was caused by a definite micro-organism communicated from the sick to the well, the easiest and most logical explanation of its destruction in families was on the basis of heredity. Even in modern times, in spite of the general knowledge of its infectious nature, traces of the theory of hereditary taint still persist.

If tuberculosis is infectious, the

question arises, Why does a child develop the disease sometimes as long as twenty years after the death of a parent? Why do some children succumb, while others in the same family do not? Why does not the healthy parent contract the disease from the sick parent as readily as do the children? A brief discussion of the factors of immunity and resistance as they apply to tuberculosis will clear away much of the misunderstanding.

Tuberculosis differs from other common infectious diseases. It has no definite incubation period, and the germs may remain dormant for years in healthy tissue before lowered bodily resistance gives them the opportunity to multiply. The amount of infection received and the degree of resistance gives them the opportunity to multiply. The amount of infection received and the degree of resistance raised may so vary in children of the same family that one develops active tuberculosis, while another never progresses beyond the latent stage. Again, on account of the increased immunity that greater age affords, the healthy parent resists the infection more easily than the extremely susceptible child.

"Children of tuberculous mothers are not born with tuberculosis germs in their bodies, and if they are not infected after they are born, they will not develop tuberculosis. They are also as equally resistant to tuberculous infection as other children," stated Dr. P. P. McCain, Superintendent of the North Carolina Sanatoria, in a recent answer to a patient's query.

Environment and not heredity is the deciding factor in the transmission of tuberculosis. Tuberculosis runs in families because the close association of family life offers an excellent opportunity for the spread of the germs. It is practically impossible for a child who is living in prolonged and intimate contact with a sick member of the household to escape infection. A sick parent, relative or servant is often the unconscious offender. Whether or not the infection develops into active disease depends upon breaking the child's contact with the source of infection and increasing his resistance with rest, fresh air and a wholesome diet. —From the North Carolina "Sanatorium Sun."

Anti-Tuberculosis Program in Schools

As the State Tuberculosis Sanatorium launches its annual program to teach Texas school children how to prevent tuberculosis, encouraging news regarding anti-tuberculosis work in public schools comes from New York City. In that metropolis recently 1,000 boys, students of the Stuyvesant High School, asked to be examined to determine whether or not they have tuberculosis. The requests were made as the result of health instruction received in the classroom.

Many cases of individual students seeking examinations for tuberculosis as the result of school instruction come to the attention of health workers in Texas. But here is the case of 1,000 youths who have learned enough about tuberculosis to suspect the disease in themselves, to realize that if they harbor tuberculosis infection the sooner they know this fact the better will be their chances of escaping active tuberculosis, and to understand that if they have active disease early diagnosis will mean early recovery.

The New York boys will receive examinations, of course, and New York health authorities expect to obtain information during the examinations on which to base a program for the study of tuberculosis in all New York City high schools, according to "The Bulletin" of the National Tuberculosis Association.

More important to Texans than the examination of the New York students, however, is the fact that the action of these youths in seeking examinations is evidence of the value of teaching school students tuberculosis prevention. Texas parents and teachers who are responsible for instructing their children regarding this health subject, should learn a lesson from the New York case that should encourage them to lend greater support and cooperation to anti-tuberculosis work in their own schools.

Teaching Texas school children facts already known to this particular group of New York students—tuberculosis prevention and the value of early diagnosis of the disease—is the purpose of the public school educational program of the State Sanatorium

which begins this month. Not only high school students, but elementary school pupils as well will be reached with anti-tuberculosis material in Texas.

The sanatorium corresponds with school superintendents and teachers, sends them sample copies of its literature, and then supplies them with the quantity of literature needed for teaching tuberculosis in their schools. The principal booklet distributed is "Lessons in Tuberculosis," which has been written especially for classroom use.

Teachers and parents who instruct their children in regard to tuberculosis prevention will be guarding their children against the ravages of the disease, both now and in the future.—From "The Chaser," publication of the Texas State Sanatorium.

The 1938 Tuberculosis Christmas Seal

The Christmas Seal for 1938 is not only attractive in its various colors, but it is beautifully significant. It shows a mother and her two children placing a lighted candle in the window—an impressive maritime custom of old that has an appropriate message for today.

Thousands of men, women and children who have tuberculosis today are totally in the dark as to the ways and means of a cure. The Christmas Seal, like the candle in the window, has lighted the way for millions, and it still beckons the way for millions more.

North Carolinians have not begun to make the fullest use possible of the Christmas Seal Sale as a means of raising money for preventing and controlling tuberculosis in their communities. Some communities have done exceptionally well, but so widespread is tuberculosis, and so great the need for medical treatment, hospital care and home nursing service, that every community should avail itself of these services as far as they can be had through the sale of Tuberculosis Christmas Seals.

DEATHS FROM TUBERCULOSIS OF THE RESPIRATORY SYSTEM—BY COUNTY AND RACE: 1937

TOTAL DEATHS (TUBERCULOSIS, ALL FORMS) 1,912

COUNTY	BY PLACE OF DEATH			BY PLACE OF USUAL RESIDENCE			COUNTY	BY PLACE OF DEATH			BY PLACE OF USUAL RESIDENCE		
	Total	White	Colored	Total	White	Colored		Total	White	Colored	Total	White	Colored
Total, State...	1,753	710	1,040	1,521	567	951	Johnston.....	17	6	11	19	8	11
Alamance.....	18	8	10	20	9	11	Jones.....	3	3	3	3	3	3
Alexander.....	2	1	1	4	2	2	Lee.....	3	1	2	6	2	4
Alleghany.....	2	2	2	2	2	2	Lenoir.....	24	3	21	27	3	24
Anson.....	16	3	13	20	4	16	Lincoln.....	2	1	1	2	1	1
Ashe.....	2	2	2	2	2	2	McDowell.....	5	4	1	7	6	2
Avery.....	4	3	1	4	3	1	Macon.....	3	1	2	4	2	2
Beaufort.....	20	2	18	23	3	20	Madison.....	9	9	0	10	10	0
Bertie.....	16	6	10	20	8	12	Martin.....	21	8	13	21	8	13
Bladen.....	4	4	4	4	4	4	Mecklenburg.....	64	19	45	67	22	45
Brunswick.....	2	1	1	3	1	2	Mitchell.....	6	5	1	6	5	1
Buncombe.....	366	231	135	93	60	33	Montgomery.....	8	5	3	9	5	4
Burke.....	19	18	1	10	9	1	Moore.....	12	8	4	9	5	4
Cabarrus.....	9	5	4	13	7	6	Nash.....	28	8	20	38	12	26
Caldwell.....	10	6	4	12	8	4	New Hanover.....	33	7	26	31	7	24
Camden.....	3	3	3	3	3	3	Northampton.....	14	2	12	17	2	15
Carteret.....	2	1	1	3	2	1	Onslow.....	6	1	5	6	1	5
Caswell.....	5	3	2	5	3	2	Orange.....	9	5	4	11	7	4
Catawba.....	10	7	3	13	10	3	Pamlico.....	3	3	3	3	3	3
Chatham.....	6	2	4	6	2	4	Pasquotank.....	13	3	10	13	3	10
Cherokee.....	3	3	3	3	3	3	Pender.....	3	1	2	5	1	4
Chowan.....	15	1	14	15	1	14	Perquimans.....	2	1	1	2	1	1
Clay.....	1	1	1	1	1	1	Person.....	13	2	11	14	3	11
Cleveland.....	8	4	4	11	7	4	Pitt.....	32	10	22	36	10	13
Columbus.....	13	4	9	14	4	10	Polk.....	5	4	1	5	4	1
Craven.....	16	16	23	3	20	20	Randolph.....	8	4	4	9	4	5
Cumberland.....	12	7	5	16	8	8	Richmond.....	13	6	7	13	6	7
Currituck.....	2	2	3	3	3	3	*Robeson.....	22	4	17	24	5	18
Dare.....	-----	-----	-----	-----	-----	-----	Rockingham.....	20	8	12	23	10	13
Davidson.....	13	9	4	15	10	5	Rowan.....	17	10	7	22	12	10
Davie.....	3	2	1	3	2	1	Rutherford.....	11	6	5	10	6	4
Duplin.....	9	3	6	11	4	7	Sampson.....	10	3	7	12	4	8
Durham.....	68	26	42	59	16	43	Scotland.....	8	2	6	10	2	8
Edgecombe.....	41	4	37	42	4	38	Stanly.....	10	7	3	12	8	4
Forsyth.....	76	17	59	84	19	65	Stokes.....	7	6	1	9	8	1
Franklin.....	7	7	11	2	9	9	Surry.....	11	7	4	11	7	4
Gaston.....	10	3	7	12	4	8	*Swain.....	2	1	3	2	2	1
Gates.....	3	3	5	1	1	4	Transylvania.....	2	2	2	2	2	1
Graham.....	1	1	1	1	1	1	Tyrrell.....	2	1	1	2	1	1
Granville.....	11	2	9	13	4	9	Union.....	10	4	6	10	4	6
Greene.....	7	1	6	7	1	6	Vance.....	11	6	5	12	5	7
Guilford.....	67	29	38	72	31	41	Wake.....	59	22	37	52	12	40
Halifax.....	32	10	22	36	11	25	Warren.....	6	6	8	1	7	7
Harnett.....	16	1	15	18	3	15	Washington.....	2	2	3	1	2	2
Haywood.....	11	9	2	12	10	2	Watanya.....	-----	-----	-----	-----	-----	-----
Henderson.....	8	8	8	8	7	1	Wayne.....	74	6	68	42	9	33
Hertford.....	14	3	10	13	3	10	Wilkes.....	11	9	2	11	9	2
Hoke.....	13	15	38	8	1	7	Wilson.....	41	7	34	49	11	38
Hyde.....	2	1	1	3	2	1	Yadkin.....	3	3	4	4	4	4
Iredell.....	10	1	9	10	1	9	Yancey.....	6	6	6	6	6	6
*Jackson.....	2	1	2	2	1	1							

* Jackson—1 Indian.

Robeson—1 Indian.

Swain—1 Indian.

MR. JNO. G. BEARD,
CHAPEL HILL, N. C.



The Health Bulletin

Published by THE NORTH CAROLINA STATE BOARD of HEALTH

This Bulletin will be sent free to any citizen of the State upon request.

Entered as second-class matter at Postoffice at Raleigh, N. C., under Act of July 16, 1894.
Published monthly at the office of the Secretary of the Board, Raleigh, N. C.

Vol. 53

DECEMBER, 1938

No. 12



AMBASSADOR AND MRS. JOSEPHUS DANIELS

The above photograph of Mr. and Mrs. Daniels was made in Raleigh last May when they celebrated their Golden Wedding Anniversary. Mr. Daniels is North Carolina's most distinguished living citizen. He served the Nation as Secretary of the United States Navy in the Cabinet of President Wilson for eight years with superb ability, the World War years. For more than five years he has been United States Ambassador to Mexico, one of the most difficult diplomatic posts in any country. His record and his continued hard work at seventy-six years of age is a living example of the fact that age is no bar to work and achievement when health has been conserved and the will to carry on remains. We extend the season's greetings to Mr. and Mrs. Daniels and wish for them many more years of happy activity.

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FREE HEALTH LITERATURE

The State Board of Health publishes monthly THE HEALTH BULLETIN, which will be sent free to any citizen requesting it. The Board also has available for distribution without charge special literature on the following subjects. Ask for any in which you may be interested.

Adenoide and Tonsils	German Measles	Scarlet Fever
Appendicitis	Health Education	Smallpox
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Constipation	Infantile Paralysis	Tuberculosis
Chickenpox	Influenza	Tuberculosis Placards
Diabetes	Malaria	Typhoid Fever
Diphtheria	Measles	Typhoid Placards
Don't Spit Placards	Pellagra	Venereal Diseases
Eyes	Residential Sewage	Vitamins
Flies	Disposal Plants	Water Supplies
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SPECIAL LITERATURE ON MATERNITY AND INFANCY

The following special literature on the subjects listed below will be sent free to any citizen of the State on request to the State Board of Health, Raleigh, N. C.

Prenatal Care	Baby's Daily Time Cards: Under 5 months;
Prenatal Letters (series of nine monthly letters)	5 to 6 months; 7, 8, and 9 months; 10, 11, and 12 months; 1 year to 19 months; 19 months to 2 years.
The Expectant Mother	Diet List: 9 to 12 months; 12 to 15 months; 15 to 24 months; 2 to 3 years; 3 to 6 years.
Breast Feeding	Instructions for North Carolina Midwives.
Infant Care, The Prevention of Infantile Diarrhea	
Table of Heights and Weights	

CONTENTS

Notes and Comment.....	Page 3
Longevity—For Service or Relief?	Page 6
The Western North Carolina Sanatorium for the Treatment of Tuberculosis.....	Page 10
Only One Recipe for Living to a Ripe Old Age	Page 13
Indifference and Inertia Slow Up Tuberculosis Control Program.....	Page 14
"Let My People Live".....	Page 15

THE Health Bulletin



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Notes and Comment

By THE EDITOR

TEN years ago this month, we devoted the entire issue of the *HEALTH BULLETIN* to the joys and griefs, satisfactions and disappointments, hopes and fears, together with a discussion of some of the problems and ailments of people past middle age. The response from almost every section of the State was so encouraging that the following year the same procedure was adopted. Every year since that time we have tried to publish in this, the closing month of the year as much information as we could depict centering around the interests of elderly people.

On our front cover we have the privilege and satisfaction of publishing a photograph of Ambassador and Mrs. Josephus Daniels, of Raleigh. They are living examples, both of them, of people who maintain high interest and continue to do a full share of the world's work, at a time when most people are concerned principally with their aches and pains. Mr. Daniels at seventy-six years of age has been now for more than five years the Ambassador of the United States Government to the Republic of Mexico, one of the most difficult diplomatic posts in the Western Hemisphere.

Examples may be found on almost every city block and in every farm community in the State of people who are valiantly carrying on, even though they are classified today as old folks. The tendency during the last ten years, however, has been toward dis-

couraging people past sixty years of age especially. It is no use to go into a discussion of such philosophies, where it originated and who promotes it. In the opinion of this writer it is an erroneous, mistaken philosophy. Experience is the most valuable asset in the world and people who maintain normal health and grow old gradually, maintaining their normal interest in the life around them, can do much of the world's work a great deal better than the young and inexperienced.

Our associates here in the Board of Health, Mr. Richardson and Mrs. Highsmith, are presenting in this issue brief articles on some phases of this question of interest to everyone. For our own part we would like to confine our observations this month to a brief discussion of what might be termed some of the medical problems which arise with advancing years.

* * * *

At the last meeting of the North Carolina Medical Society, Dr. John Q. Myers, of Charlotte, presented an interesting paper to which he gave the title "The Care of Elderly Patients." Some of Dr. Myers' nuggets are too valuable to be embalmed in the physicians' libraries between the covers of the book known as "Transactions of the Medical Society of the State of North Carolina." We herewith take the liberty to present a few of his statements.

In the first place, Dr. Myers makes

the point, which is well for all physicians to remember at all times, that the word "cura" means "care," that in every essential the phrase to cure means to care for, or as he put it "in good old North Carolina language, to take care of." That is literally what a physician is able to do for an ailing, aged patient, and all he should be expected to do for a patient who has some of the numerous afflictions incident to old age itself. A physician could not be expected to cure such a patient in the strict sense of the word cure, but he can offer care and solace in many ways that will prolong the life and promote the happiness and comfort of many such patients.

Again, Dr. Myers states that most of the old folks in his practice have "been with him a long time." He knows their ailments and disappointed ambitions, to quote him verbatim "thwarted loves, money losses and skeletons in closets. The doctor can advise with such patients and help them in many ways, etc." However, it is not an uncommon thing for patients to outlive their physicians. In such cases the patient must seek a new family physician. When such an old person comes under the care of a practicing physician for the first time, he should be exceedingly patient, and as Dr. Myers emphasized in his article, it may take two or three examinations to get all the history. It is seldom done on the first visit, and most important of all, Dr. Myers insists that all the laboratory work and the unusual gadgets that are brought into play that are so bewildering to many old people should be reduced to the very simplest point possible. As he says, in most cases a simple urinalysis is sufficient laboratory work. He properly condemns, and here we quote in his own language, "What is called in some hos-

pitals and clinics putting the patient through the mill, or in ordering one into a hospital as a routine. If a patient really needs to go to a hospital, all well and good, but not on the basis that the place for a sick man is in a hospital or that it will be more convenient for me to have him there. A lot of old folks cannot sleep in any other bed but their own, noises are particularly obnoxious to them, and whoever saw a quiet hospital?"

He states that "old men are apt to have hernia, urinary obstruction, locomotor ataxia, and cancer of the face, stomach or rectum, and old women are apt to have resultants of childbearing or of not having borne children. Both are liable to have gall bladder disease, urinary calculi, cancer of the bladder, Bright's disease, heart disease, diabetes," and other ailments. "The service of a family physician in whom the patient and his family have confidence are indispensable in most of these cases."

And here is another good observation. "We owe it to our old patient and ourselves to keep cancer in mind. And we owe it to them to say nothing about what is in our minds until we have pretty positive evidence." Still further, "It is in chronic diseases of the old that it is most essential to the patient for the physician to individualize his management in which one person with a certain disease should have one treatment, another a quite different treatment." And here is an observation which is familiar to all health officers, to-wit: "We must not only protect our old patients from the younger folks in the house, but protect the young from the old. Who can tell how many children are infected by an old member of the household whose fibroid phthisis bothers

him very little? When it is recognized and accepted that most elderly patients with tuberculosis must be treated at home and that the family doctor can do this reasonably well, practically all cases will be traced to their source and just such cases as elderly persons will be shown to have supplied the infection in a great number of cases in children."

Finally, "taking care of the health of old folks includes protecting them from quacks and from faddists. Some of our patients read about these dangerous persons in the papers. Some get personal letters, many are told about them by well-meaning friends."

In the discussion which followed Dr. Myers' paper, Dr. G. G. Dixon, member of the State Board of Health, closed with the following interesting paragraph:

"You know, life starts like the sun in the morning and climbs to the meridian at high noon and gradually sinks to the west. When man reaches the meridian and starts going down toward the evening of life, he has gone a long way before he realizes that he is past the meridian. The very minute he realizes he is past the meridian and is on the down-grade, that minute he becomes a liability—and unless he is handled carefully, a liability to the physician and to the community. If handled properly, then man can be carried on down the even-tide a happy, well-feeling, mentally-alert asset to the community. There is not so much in medicine that can be done for him. To give an old patient the stimulating drugs to whip him up and to drive him on ends his life at a considerably earlier date. So, if we treat the patient, and deal with his disease in a secondary manner, I believe we will have considerably more success and our patients will not only live longer, but will live happier."

In the same discussion, Dr. L. A. Crowell, Sr., of Lincolnton, brings out a point that this writer has been arguing through his whole medical life, and that is this, to quote Dr. Crowell: "You cannot make a young

man of an old man. I think this gospel ought to be preached to the young men. You wouldn't put kerosene oil in your automobile and expect it to do good service. Still, you put anything and everything in your stomach. You smoke and you eat and you drink to excess. Many people are old today because of their own faults."

To quote Dr. Crowell further, "Another thing that helps to keep a man young is to keep active in the things of life, keep active and keep at something worthwhile, and you will live to be not only old, but you will live to be efficient in your old age."

Finally, in this interesting symposium on the care of elderly patients, all were agreed that a radical change in environment, unless it is absolutely necessary, should never be advised.

* * * *

About two years ago, coming up through Savannah, Ga., we picked up a copy of the *Savannah Morning News*. On the editorial page we found the usual health column presented by so many first-class daily newspapers throughout the land. The title of the discussion on this particular morning was "A School for the Aged." The columnist was Dr. James W. Barton. We clipped the column, placed it in our pocket for further reference, and in our pocket it has been until we got to casting about for helpful material to go in this issue.

The item in the column that particularly appealed to us, although it was all good, was a quotation from Dr. W. A. McKeever, formerly head of a child welfare department of the University of Kansas. It was quoted from a medical journal and was a description of an organization which Dr. McKeever had perfected at that time in Oklahoma City composed of nearly a thousand men and women, all over seventy years of age.

Here, two years later, after think-

ing over this idea many times, we were surprised and delighted to pick up the *Raleigh News and Observer* a few days ago and find at the head of a column the following headline, "Be Happy at Seventy." It described the theme of a school in Oklahoma City which is the same description brought up to date with a little change in name that Dr. Barton was describing in the *Savannah* paper two years ago. According to the *News and Observer*, Dr. McKeever now calls his school a "School for Maturates." The school's aim is the "physical, mental and spiritual rejuvenation of its pupils," to quote from the *Observer* article by the United Press. The head of the school is quoted as saying that his school is dedicated to the principals that life can begin at seventy.

Dr. Barton in his *Savannah* paper article two years ago gave a little fuller description of the intents and purposes from which we quote, and we hope the copyright owners will not object.

"Following are the ten divisions of our curriculum, all aiming at practical improvement in everyday living:

"One. Diet.—More use of alkaline laxative foods—fruits and vegetables.

"Two. Elimination.—Use of the right foods to regulate the bowels.

"Three. Industry.—Some light employment or hobby.

"Four. Amusement.—Getting some fun out of life—walking, interest in sports, simple games.

"Five. Current Events.—Keep in touch with daily news, political changes, international affairs.

"Six. Exercise.—Get out in the sun and air daily—auto-riding, facing the weather.

"Seven. Friendship.—Cultivate a spirit of kindliness.

"Eight. Complaining.—Avoid complaining and fault-finding.

"Nine. Religion.—Have some regular connection with a church.

"Ten. Philosophy.—Cultivate an optimistic philosophy of life."

To which this writer should like to add number eleven: Make new friends to take the place of those who have gone on over before you. And to make friends at any age you must be one yourself.

Longevity—For Service or Relief?

By WILLIAM H. RICHARDSON

AN American boy born in 1850 might have expected to live until 1888, or thirty-eight years, while the expectation for one born in 1931 was 59.3 years. For a girl, it was slightly more—40.5 years in 1850 and 62.8 in 1931.

A boy born in 1931 who weathered the infantile storms of the first year could expect to live to become 62.1 years old, and a girl 65.

Louis I. Dublin, Ph. D., Third Vice-President and statistician for the Metropolitan Life Insurance Company, thinks this increase in longevity may be attributed largely to the work of modern public health organizations.

Even the layman who knows noth-

ing of the technique of public health is advertent to the part preventive medicine has played in prolonging human life and to the disastrous effects of "curative" drugs or "remedies," ignorantly or ill-advisedly taken.

Keeping fit, then, is the best medicine—better than taking a chance with a disease, which may or may not be preventable. But, no matter how much we may strive to avoid them, we come into contact with such diseases—or their causes—as smallpox, typhoid, diphtheria, or even rabies. Thanks to science, however, thousands of lives now are saved annually through immunization against the

above, and each life saved has prolonged human expectation just that much.

Public health, including its preventive medicine program, has done much to bring the layman into a fuller appreciation not only of the means at his disposal for the prolongation of human life, but also of the "abundant life," that spiritual counterpart of, or supplement to, physical existence on the earth.

Curative medicine—that great fortress, manned by an army of the best brains that can be recruited, to prescribe and apply those means that God has permitted mankind to discover for the alleviation of human suffering and the healing of body and mind—and preventive medicine, its faithful ally, have joined forces and are working, in cooperation, toward bringing mankind to a renewed sense of what this "abundant life" can really mean. Whatever else may be said, it can never denote stagnation; it must be on the go, riding on wings of hope and aspiration, and spurred by incentive.

Increasing longevity, then, is relatively of little importance, unless the long life is going to be a useful, or "abundant" life. Christ said: "I am come that they might have life, and that they might have it more abundantly." He did not offer His disciples physical immortality—each one is physically dead, but each lives in the humane accomplishments of the faithful throughout the earth.

There have been greater gains in longevity in the past half century than during any previous period, perhaps. Certainly, this has been true in America. In 1901, for example, the expectation of a male child was 48 years and of a female child 51 years; in 1921, it was 57.5 and 60.0 respectively, and in 1931, it was 59.3 and 62.8, as previously pointed out.

Science not only has given men and

women the means of prolonging their lives, but it has enabled them to keep physically fit for a greater period—that is, of course, those who will avail themselves of the opportunities at their command—and yet, sad to say, old age is being called upon for a Czechoslovakian surrender, unparalleled in the past.

This state of affairs is, somehow, paradoxical.

It does not fit in with the practices that existed before human expectation had been so notably extended.

Under the present system, no one is expected to strap on the harness of regular employment before he is eighteen. This, of course, serves two purposes. It gives protection to childhood, and it affords youth a longer period in which to prepare for life. The Government and the various States have done well to provide this dual safeguard.

What, then, about the other end of life? The more thoroughly one is prepared to enter upon the real duties of life, and the consequent responsibilities, the longer his economic expectation *should be*. That is to say, a young man of 21, or a youth of 18, who is prepared to enter and does enter the arena of industrial or professional life today, should certainly expect to remain there longer than the young man born in 1850. The latter could only expect to live for 33 years, or until 1888. Consequently, he was able to count on only 17 years when he became 21, in 1871. A male today has an expectation of approximately 60 at birth. This means that when he becomes 21, he will have 39 years of life to which to look forward, as compared with 17 for the young man who became 21 in 1871—a difference of 22 years in favor of the boy born now.

What about this increased longevity? Will it be turned into useful-

ness, or will it be regarded as just so much "surplus"?

Must a man be unable to change positions at 40 and forced to retire at 60 or 65, regardless of the mental and physical fitness he possesses? Or will there be a swinging back of the pendulum to the point where the accumulated judgment of years will play its part, as it has in the past, and a man's ability to work will be judged by fundamental standards—that is, whether he remains physically, mentally and morally fit to perform the tasks to which he has been assigned? Must "relief" be the inevitable recompense of so-called old age, or will one be privileged to work at his regular calling and receive a master's wages for the duties he is able to perform by having taken his master's degree, whether in some scholastic institution or in the school of actual experience?

A well-known Raleigh physician said recently: "Any man is better off employed, whether he be young or old. Even a young man may become unfit by giving up an active life; and I am convinced that the life of many an old man has been prolonged by his being allowed to keep on at work." It so happens that the father of this young physician—one of the most useful citizens who ever resided in Raleigh, having at one time been Mayor of the city—reached a ripe old age and was employed to the very end of his days. He virtually "died in harness."

History, and the present era, are filled with examples of "old men" in places of useful service—to whom younger men have looked and are looking for decisions that call for judgment and accumulated experience.

Take, for example, a man familiar to every North Carolinian. Josephus Daniels, Ambassador to Mexico, was born May 18, 1862. He is now 76

years old and is as mentally alert as he was at 40. When past 70, he and Mrs. Daniels left the North Carolina they both love and made the long journey to the Republic to the south, to be among strangers, he to perform arduous tasks, she to accustom herself to conditions certainly dissimilar to those she had enjoyed in Raleigh and in Washington while he was Secretary of the Navy.

Suppose Josephus Daniels had quit active life at 60 or 65! Or suppose the late Captain Samuel A. Ashe, who recently died on the verge of 100, had done so! Not only would the world have been deprived of the valuable services they were able to render after they were 60, but the chances are that neither would have been able to work at 70. As it was, each found himself in the thick of the fight at that age.

We see what the world terms "old men" in positions of usefulness in Church and in State, and in Science."

One of the greatest preachers the English-speaking race has ever produced, regardless of creed, is George W. Truett, that North Carolinian who was called to Europe to preach the Gospel to the boys in the camps there during the World War; who has preached to millions in this country, calling thousands from lives of sin to consecrated service, and who is now, at the age of 71, pastor of one of the largest churches in the world, in Dallas, Texas.

The age of the average President of the United States, so far, has been nearly 55 at inauguration and 68 at death. James Buchanan, Abraham Lincoln's immediate predecessor, was 66 when he took office, and John Adams, George Washington's immediate successor, was inaugurated at 62 and was 91 when he died.

Charles Evans Hughes, that learned jurist, now Chief Justice of the United States Supreme Court, who

came within a few electoral votes of the Presidency, in 1916, is now 76, being the same age as Ambassador Daniels.

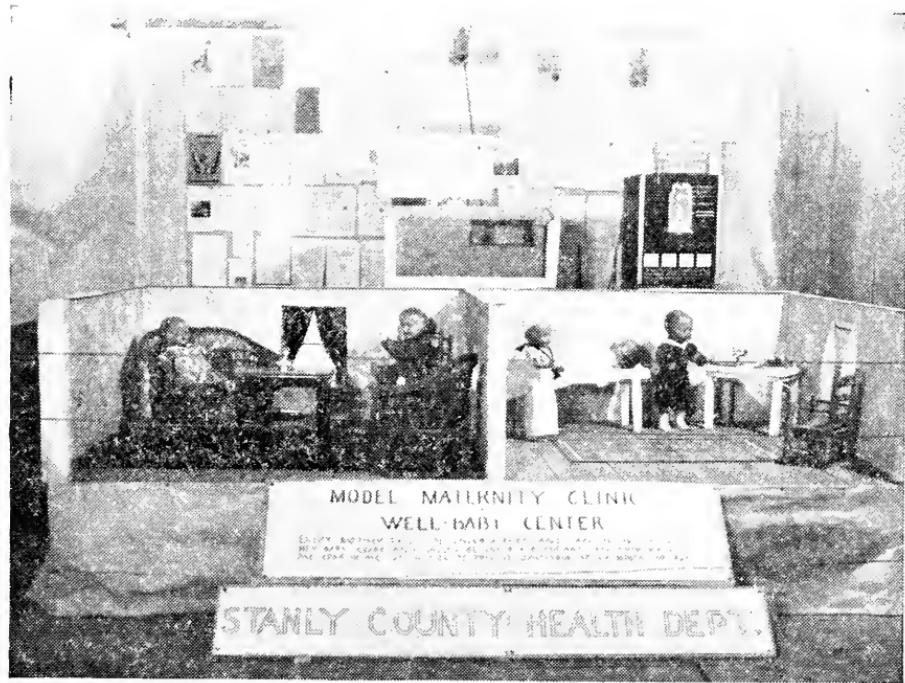
In the scientific world, Louis Pasteur, that brilliant star in the galaxy of preventive medicine, whose discoveries have saved thousands of human lives throughout the world, was made Director of the Pasteur Institute at the age of 67.

Thomas A. Edison, that great creative genius, whose inventions have done more to make life brighter and happier than those of any other man who ever lived, carried on decade after decade, standing up against the encroaching years like a great mental Gibraltar. His life affords the world a lasting testimonial that usefulness in-

creases, rather than deteriorates, with age, based on, or the result of, correct living. Born in 1847, he began his useful career early and carried it right on into the shadows, almost, of the century mark.

And so it goes.

The laughter of youth will continue to ring through the corridors of time; the smile of the infant will continue to thrill the hearts of its parents, and to bring children into the world, millions more of mothers will make the journey through the valley of the shadow—but the North Star of respected old age will continue to steer the course of the world's sober judgment and draw humanity's magnetic needle to a true sense of direction.



Dr. W. N. McKenzie, Health Officer, and his associates in the Stanly County Health Department put on an instructive exhibit at the Stanly County Fair in October. Above is a photograph of the exhibit, which illustrated the type of helpful service now being carried on in that county.

The Western North Carolina Sanatorium for the Treatment of Tuberculosis

By P. P. McCAIN, M. D.

FOR many years the need for additional beds for tuberculous patients in North Carolina has been keenly felt. At the North Carolina Sanatorium, the only State institution for the care of the tuberculous, there was a waiting list of eight to ten months and all of the county sanatoria were full to overflowing. It was advocated by a large number that additional beds be provided at North Carolina Sanatorium. Since this institution was already larger than it should be for the most efficient service, and since beds for the tuberculous need to be within easy reach of the people it serves, the Sanatorium authorities urged the establishment of another sanatorium in the western part of the State. In 1933-1934 the movement was given considerable impetus by the hearty endorsement of the county, district and State Medical Societies.

During the Session of 1935, Representative E. A. Rasberry, of Snow Hill, introduced a bill in the House of Representatives calling for an appropriation of \$500,000 for the establishment of a western North Carolina sanatorium. Representative W. R. Clegg, of Carthage, was also joint-author of the bill. Mr. L. L. Gravely, Chairman of the Appropriation Committee in the Senate, championed the bill and together they secured its passage with an appropriation of \$250,000. It was expected that approximately the same amount could likely be obtained from the Federal Emergency Public Works Administration. Through the untiring efforts of

Mr. Gravely the PWA grant was secured for 45 per cent of the total cost.

The plans for the new institution called for a central administration building, with a wing on either side connected by a sixty-foot corridor, to care for one hundred and sixty-five patients each, a power house and laundry building, a nurses' home and a home for the Superintendent. The plan for the central administration building called for offices, dining room, kitchen, storeroom, a laboratory, completely equipped operating room, an X-ray department, an out-patient clinic department, dental offices, a recreation room for patients, an auditorium and rooms for members of the staff. It was found that the available funds were sufficient only for an administration building, power house and laundry and for one wing for patients.

During the 1937 Session of the General Assembly, Senator Gravely secured the passage of an amendment to the Social Security bill providing \$137,500 for the other wing for patients on condition that a PWA grant be secured to supplement this amount. At the same Session permanent improvement appropriations were made in the amount of \$29,000 for a nurses' home and for roads and walks. Again Senator Gravely was successful in securing the PWA grant.

The General Assembly of 1935 also provided for the appointment by the Governor of a committee to select a site for the new sanatorium. Governor Ehringhaus appointed on this committee Mr. Kemp D. Battle, of

Rocky Mount, Chairman; Senator E. V. Webb, of Kinston, and Dr. W. W. Sawyer, of Elizabeth City. The committee requested Senator L. L. Gravely, Dr. P. P. McCain and Mr. R. M. Rothgeb, Engineer of the Budget Bureau, to accompany them on

the new sanatorium. Some fifty or sixty sites were offered and most of them were visited by the committee. They finally selected a most beautiful site on U. S. Highway No. 70, near the State Test Farm, two and a half miles from Black Mountain, and

CHRISTMAS SEALS



Help to Protect Your Home from Tuberculosis

their tour of investigation. The committee was very much gratified that practically every county in western North Carolina was anxious to have

twelve and a half miles from Asheville. The building site is eighty feet above and about eight hundred feet distance from the highway and is sur-

rounded on all sides by some of the most beautiful mountains in America.

The General Assembly of 1935 placed both the new and the old institutions under one Board of Directors and enlarged the board from nine to thirteen members, including the State Health Officer as a member ex-officio. The personnel of the new Board of Directors appointed by Governor Ehringhaus was as follows:

Mr. L. L. Gravely, Chairman; Mr. E. A. Rasberry, Vice-Chairman; Mr. R. L. Harris, Secretary; Mr. Robert M. Hanes, Mr. Laurie McEachern, Mr. U. L. Spence, Dr. M. L. Stevens, Mr. R. E. Finch, Mrs. Max T. Payne, Dr. Thurman D. Kitchin, Dr. J. W. McGehee, Dr. J. R. Terry, Dr. Carl V. Reynolds, State Health Officer. When Dr. J. R. Terry's term expired the Governor appointed Dr. L. P. Martin, of Mocksville, to take his place.

The board elected the Superintendent of the North Carolina Sanatorium, Dr. P. P. McCain, as Superintendent of both institutions and elected Dr. S. M. Bittinger, Assistant Superintendent at North Carolina Sanatorium, as Associate Superintendent and Medical Director of the Western North Carolina Sanatorium. Miss Creolya Snodgrass, of the North Carolina Sanatorium, was also appointed as Superintendent of Nurses at the new institution.

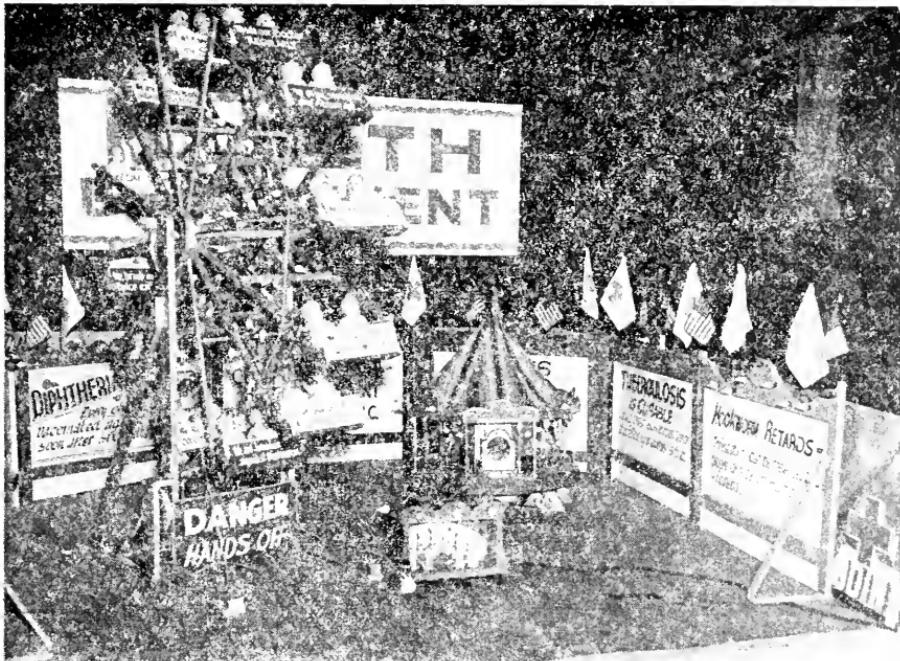
The central administration building, the first wing for one hundred and thirty-five patients and the power house and laundry building were completed in the fall of 1937 and the institution received its first patient on November 7th, when fifty patients from the western counties were transferred from the North Carolina Sanatorium. Within a short while the other beds were filled. Because there

was no nurses' home, the nurses and some of the employees had to be quartered in a section of the patients' wing.

On November 10th, about three hundred officials and other friends from various parts of the State assembled for the dedication of the completed buildings. In appropriate ceremonies the corner-stone was laid by Governor Clyde R. Hoey, and inspiring addresses were made by Governor Hoey and by Senator L. L. Gravely, Chairman of the Board.

Such splendid progress has been made on the new wing for patients and the nurses' home that these buildings will be ready for use by next January 1st. This will enable us to take two hundred of those on our waiting list.

Even with these additional beds, however, North Carolina will still have less than one bed per annual death from tuberculosis. Both the United States Public Health Service and the National Tuberculosis Association insist that an effective control program for tuberculosis in any given State or community should provide at least two beds per death from tuberculosis. We trust that in the near future additional beds can be provided and we feel that they should be provided by the establishment of an Eastern North Carolina Sanatorium. If we had sanatoria in the western, the central and the eastern sections of the State, so that they would be easily accessible for treatment and for early diagnosis, and if the counties should provide more beds for the segregation and treatment of those not suitable for treatment in the State institutions, we could really begin to look forward to the time when tuberculosis would be brought under control.



The above is a photograph of the very instructive exhibit at the Cumberland County Fair at Fayetteville. It was prepared by Dr. M. T. Foster, the Health Officer, and his associates. The exhibit illustrates the wide field of health service now available to the people of that fine section.

Only One Recipe for Living to a Ripe Old Age

By MRS. J. HENRY HIGHSMITH

RECIPES for longevity are as eagerly sought after as buried treasures. Both intrigue the imagination in the hope of finding a short-cut or easy way of living, with success the assured end. But a long life recipe is usually like many a cake recipe—a failure in new or inexperienced hands. The secret of one person's long and happy life may not, and usually is not, the secret of another's. One's personality factor plays a large and determining part in all prescribed rules for a long life.

However, most all worthwhile rules or recipes for living a long life have one foundation—moderation. Many variations of this basic rule are often given as the one way of attaining

longevity, e. g., "don't worry," "nine hours' sleep," "never overeat," "hard work," "drink plenty of water," "avoid excesses," etc. All of these points are essential, but they are not inclusive. It is quite true that excessive indulgence in even the best things of life are detrimental to health and cause many degenerative diseases and untimely deaths, but there are as many positive elements as negative elements in all good recipes.

Someone has given the following as an all-round, safe formula for living out one's three-score-and-ten years, and then some: Hard work, but work that is congenial and worthwhile; good food, varied and simple;

happy home and family life; some leisure for recreation and riding a hobby; temperance in all things; a few close friends; an aim in life; and faith in God. We would add that health like beauty must be desired, cultivated and prized beyond measure. One must work out a regimen all his own, adapted to his needs and in keeping with his tastes and ambitions. Furthermore, he must have the courage to follow it through.

My grandmother, who lived to be one hundred and two years old and had remarkable use of all her faculties to the day of her death—she could read without glasses, hear well, and remember easily names and faces—was frequently asked by what rules she had lived to such a good old age. Her usual modest reply was: "Live right, my son." Her life was altogether exemplary of this brief but comprehensive bit of advice.

We who lived with her and knew her daily habits and commonsense way of meeting life, observed that there were certain practices to which many of her happy years could have been attributed. Temperance could be said to be her chief virtue. She more than any other person I have ever known was temperate in all things—work, rest, play, food and fun. She

worked hard, but she knew when to rest. She enjoyed a good meal, but she never overate. When she was fifty years old, she found she suffered with indigestion if she ate a regular evening meal. Forthwith, she decided to eat nothing at night except fruit occasionally, a glass of milk or something light, and it was often said of her that for fifty-two years she did without supper. She found time for all things without hurry and hustle. She never worried excessively, and yet her interests were varied and extensive. Young people were her joy and delight.

Furthermore, God was real to her. Religion was vital. She attended services at her church regularly, even on the Sunday a week before her death.

Needless to say, that the commonsense practices and wholesome philosophy of this centenarian which enabled her to live far more than the usual allotment of years and meanwhile retain an uncommon use of body and mind—at no time helpless or an invalid, but enjoying life to the end—can be recommended to all who would live long and enjoy life to the end.

(Mrs. Highsmith has omitted the most important item in Longevity—Ancestors.—Editor.)

Indifference and Inertia Slow Up Tuberculosis Control Program

By MRS. J. HENRY HIGHSMITH

UNDoubtedly one of the greatest drawbacks in the fight to control tuberculosis is the illusion or wrong impression that the battle has practically been won, and tuberculosis is no longer a major health problem in this State. This general misconception in the lay mind is probably responsible for more indifference and inertia with respect to the prob-

lem of tuberculosis than any other one thing. To be more specific, there is a general impression in this State that the two State sanatoria and the nine county or district sanatoria are quite able to serve all the tuberculous sick of the State who need institutional treatment, and are doing this in an adequate way, while the Woman's Club, church societies, the

Rotary, Kiwanis or other civic organizations are looking after those not yet admitted to a sanatorium for care and treatment.

The facts in the case may not even now produce that enthusiasm and interest that characterized the tuberculosis campaigns of two or three decades ago, but they should at least convince one that tuberculosis is still a major disease problem, and that too many people are dying annually, especially for what medical science knows about curing and preventing the disease, and that while the fight drags on endlessly and human life is being wasted needlessly and tragically.

Is there cause for complacent indifference when tuberculosis killed 1,912 people in North Carolina last year, and 2,104 the year before, and when there are now at least 20,000 persons sick and disabled with the white plague? Will men and women continue to rest on their laurels of years ago while tuberculosis remains the greatest killer of boys and girls between fifteen and twenty years, and of young women between the ages of twenty and forty years?

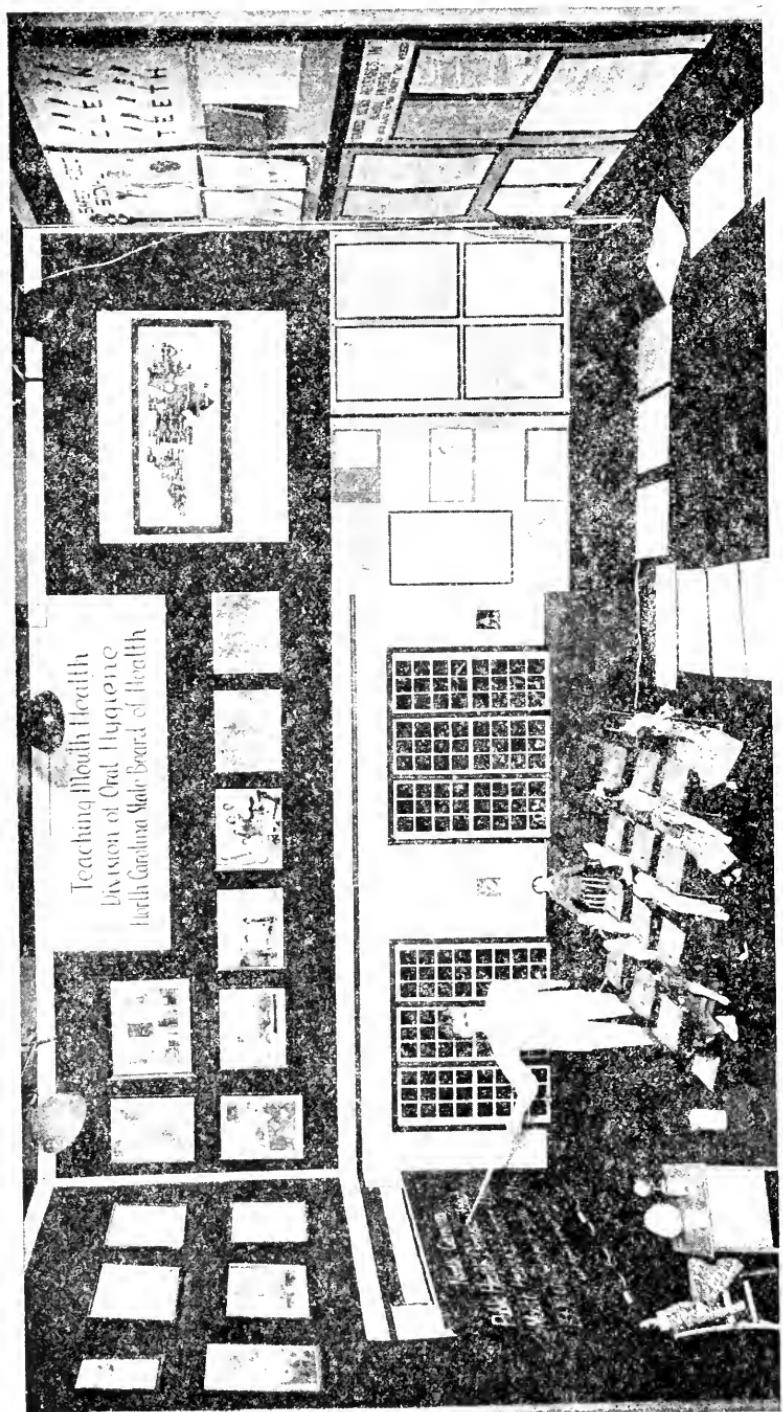
To consider tuberculosis from an economic point of view, there is no other disease that cripples the money-earning period of life and makes for permanent dependency as does tuberculosis. It is more closely associated with poverty than any other disease, as it both produces and is produced by poverty. Keen interest is felt in a National plan to attack the problem from this angle by providing better homes, more and better food, more adequate pay, shorter work hours and hospital treatment for all who need it, regardless of ability to pay. Such a program will naturally be expensive at first, but it is directed at the roots of much of the problem and probably will not cost in the end as much as building

and maintaining more sanatoria and hospitals and providing a more efficient and larger staff of nurses and doctors.

Another human interest fact connected with tuberculosis is that with reference to "contacts"—persons who have been closely associated with an open case of tuberculosis during childhood, whether they were aware of it or not. Such persons are far more likely to develop the disease later than those who have not been so exposed. An adult in the home with an open case of tuberculosis, and without proper control, is capable of infecting an entire family. The fact that tuberculosis is more prevalent among Negroes than among Whites, and the further fact that they are closely associated with white people as cooks, nurses, cleaners, butlers, janitors and chauffeurs, make the "contact" problem a serious one, particularly in the South. Control measures among the colored people are woefully inadequate. Poor living conditions, especially the huddling together of large families in one or two-room huts, keep up constant exposure, a high sickness rate and an unusually high death rate.

"Let My People Live"

"Let My People Live" is a sound motion picture which tells the story in an unforgettable way of tuberculosis among the colored race. While the picture was made primarily for Negro audiences, its quality and appeal are such that white audiences throughout the country will enjoy it also. The North Carolina Tuberculosis Association has this film in 16 mm size for showing to schools, clubs and other interested groups, and the 35 mm size for use in theatres. Either size will be lent to any local group, school or club, the only cost being payment of postage one way. By writing to Dr. R. L. Carlton, of Winston-Salem, the film can be secured for use for two or three days, especially to be shown in a motion picture theatre.



No, the above is not a schoolroom scene in reality, but a reproduction so accurate that, in competition with exhibits in the same class from all parts of the United States, it won for the Oral Hygiene Division of the North Carolina State Board of Health first prize at the annual meeting of the American Dental Association recently held in St. Louis. This gathering attracted approximately 10,000 visitors, including the dentists in attendance, their wives and others. The North Carolina exhibit was taken to St. Louis by Dr. Ernest A. Branch, Director of the Division of Oral Hygiene, and was designed by Miss Carolyn Mercer, educational consultant for this Division. It occupied 150 square feet of floor and wall space, and gave an accurate picture of the way oral hygiene—or "mouth health"—is taught in the North Carolina Schools.





